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| Fill in this information to identify your case:                                 |   |                                   |   |
|---|---|-----------------------------------|---|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) |   |                                   |   |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is a amended filing | n |

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  | Dontae                     |   |
|   | First name                 | First name                                    |
| Write the name that is on your government-issued                    | _ т.                       |   |
| picture identification (for   | Middle name                | Middle name                                   |
| example, your driver's  | Reavley                    |   |
| license or passport   | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  |                            |   |
| have used in the last   | First name                 | First name                                    |
| 8 years   |                            |   |
| Include your married or   | Middle name                | Middle name                                   |
| maiden names.   | Last name                  | Last name                                     |
|   | First name                 | First name                                    |
|   | Middle name                | Middle name                                   |
|   | Last name                  | Last name                                     |
| 3. Only the last 4 digits of your Social                            | XXX - XX- 9033             | XXX - XX-                                     |
| Security number or<br>federal Individual                            | OR                         | OR  |
| Taxpayer<br>Identification number<br>(ITIN)                         | 9 xx - xx-                 | 9 xx - xx-                                    |

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| D  | ebtor 1 Dontae<br>First Name                           | T. Reavley  Middle Name Last Name   | Case number (if known)   |
|----|--|---|--|
|    | i not waite  | Wilder Name Last Name   |  |
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name   | Business name  |
|    | 8 years  | Business name   | Business name  |
|    | Include trade names and doing business as names        | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |
|    |  | 1745 W 95th Pl Unit 2<br>Number Street  | Number Street  |
|    |  | Obligation (COMM)   |  |
|    |  | ChicagoIllinois60643CityStateZip Code   | City State Zip Code  |
|    |  | Cook<br>County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  | City State Zip Code   | City State Zip Code  |
| 6. | Why you are  | Check one:  | Check one:   |
|    | choosing this district to file for bankruptcy          | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
| _  |  |   |  |

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| De  | ebtor 1 Dontae  | T.   | Reavley   |   | Case number (if knd   | <i></i>  |  |
|-----|---|--|---|---|---|--|--|
|     | First Name  | Middle Name  | Last Name   |   |   |  |  |
| Pa  | rt 2: Tell the Court Abo  | ut Your Bankruptcy C   | ase   |   |   |  |  |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |  | description of each, see $\Lambda$ (0)). Also, go to the top of p   |   |   |  | ndividuals Filing for  |
| 8.  | How you will pay the fee  | more details about cashier's check, or may pay with a cre  I need to pay the Individuals to Pay  I request that my judge may, but is rethe official poverty you choose this of | thow you may pay. Typic money order. If your attendit card or check with a fee in installments. If your Filing Fee in Install fee be waived (You may not required to, waive you line that applies to your | cally, if your corney is a pre-print of the choose of the | ou are paying the<br>submitting your<br>ed address.<br>e this option, sig<br>official Form 103<br>this option only<br>d may do so onl<br>ze and you are u | e fee yourself, payment on your and attach to A).  If you are filingly if your incorunable to pay to | our behalf, your attorney the Application for the for Chapter 7. By law, a |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | No.  ✓ Yes. District  District  District   | thern District of Illinois  | When<br>When<br>When  | 9/28/2015<br>MM / DD / YYYY<br>MM / DD / YYYY   | Case number Case number Case number  | 2015bk32901  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor District Debtor District  |   | When<br>When  | MM / DD / YYYY  | Relationship to Case number, Relationship to Case number,  | you  |
| 11. | Do you rent your residence?   | ✓ No. Go to  | lord obtained an eviction ju<br>o line 12.<br>ut <i>Initial Statement About a</i><br>pankruptcy petition.   |   | -   | st You (Form 10  | 1A) and file it with   |

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Debtor 1 Dontae Reavley Case number (if known) First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Dontae Reavley Case number (if known)

First Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. Disability. My physical disability causes me to My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Dontae<br>First Name   | T.<br>Middle Name  | Reavley<br>Last Name  | Case number (if known)  |  |
|---|--|---|---|--|
|   | estions for Reporting P  |   |   |  |
| 16. What kind of debts do you have?   | 16a. Are your debts p "incurred by an ir  No. Go to line  Yes. Go to line  No. Go to line  No. Go to line  Yes. Go to line  Yes. Go to line  | rimarily consumer debts adividual primarily for a perecent of the perecent of | ? Consumer debts are definersonal, family, or household a Business debts are debts the bugh the operation of the bust to consumer debts or busine   | purpose."  nat you incurred to obtain siness or investment.  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing unde expenses are p   |   |   | y is excluded and administrative<br>reditors?  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  |   | 5,000 [<br>10,000 [<br>-25,000 [  | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,00<br>\$500,001-\$1 millio   | \$10,00<br>0 \$50,00  | ,001-\$10 million   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,00<br>\$500,001-\$1 millio   | \$10,00<br>0 \$50,00  | ,001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion          |
| Part 7: Sign Below  |  |   |   |  |
| For you   | correct.  If I have chosen to file to of title 11, United State under Chapter 7.  If no attorney represent out this document, I has I request relief in accord understand making a connection with a bank both. 18 U.S.C. §§ 152 | under Chapter 7, I am awa<br>es Code. I understand the<br>ts me and I did not pay or<br>we obtained and read the<br>dance with the chapter of<br>false statement, concealing<br>cruptcy case can result in<br>2, 1341, 1519, and 3571.  | are that I may proceed, if eliginal relief available under each considered to pay someone who notice required by 11 U.S.C title 11, United States Code ag property, or obtaining mofines up to \$250,000, or impose the states up to \$250, | e, specified in this petition.  ney or property by fraud in orisonment for up to 20 years, or                        |
|   | Signature of Debtor 1  |   | Signature of Debt   | or 2   |
|   | Executed on8   | /14/2018<br>MM / DD / YYYY  | Executed on _   | MM / DD / YYYY   |

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| Debtor 1 Dontae                                  | T.                        | Reavley                  | Case number (if k         | known)  |
|--|---------------------------|--------------------------|---------------------------|---|
| First Name                                       | Middle Name               | Last Name                |                           |   |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12,   | or 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>Iso certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ | uired by 11 U.S.C. § 3   | 42(b) and, in a case in w | which § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge afte    | r an inquiry that the in | nformation in the schedu  | ules filed with the petition is incorrect.  |
| attorney, you do not                             | 4.4                       |                          |                           |   |
| need to file this page.                          | /s/ Morsheda Hash         | em                       | Date                      | 8/14/2018   |
|  | Signature of Attorney     | for Debtor               | M                         | M / DD / YYYY   |
|  |                           |                          |                           |   |
|  |                           |                          |                           |   |
|  | Morsheda Hashem           |                          |                           |   |
|  | Printed name              |                          |                           |   |
|  | Semrad Law Firm           |                          |                           |   |
|  | Firm name                 |                          |                           |   |
|  | 11101 S. Western Ave      | enue                     |                           |   |
|  | Street                    |                          |                           |   |
|  |                           |                          |                           |   |
|  |                           |                          |                           |   |
|  | Chicago                   |                          | Illinois                  | 60643   |
|  | City                      |                          | State                     | Zip Code  |
|  | Contact phone             | 3129130625               | - · · · ·                 |   |
|  | Contact phone             | 3129130020               | Email address             | mhashem@semradlaw.com   |
|  |                           |                          |                           |   |
|  | Bar number                |                          | State                     |   |

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| Fill in this information to identify your case: |                           |             |                      |  |  |
|---|---------------------------|-------------|----------------------|--|--|
| Debtor 1  | Dontae                    | T.          | Reavley              |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |
| Debtor 2  |                           |             |                      |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |
| Case number<br>(If known)                       |                           |             | (State)              |  |  |

| Check if this is an |
|---------------------|
| amended filing      |

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets<br>Value of what you own              |
|--|---|
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B              | \$0.00  |
|  | \$3,525.00  |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$3,525.00  |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$3,323.00<br>——————————————————————————————————— |
| Part 2: Summarize Your Liabilities   |   |
|  | Your liabilities                                  |
|  | Amount you owe                                    |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  | \$0.00  |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | -   |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | \$26,361.48                                       |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     | <b>**</b>   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$16,443.23                                       |
| Your total liabilities   | \$42,804.71                                       |
|  |   |
| Part 3: Summarize Your Income and Expenses   |   |
| I. Schedule I: Your Income (Official Form 106I)  | \$1,093.67  |
| Copy your combined monthly income from line 12 of Schedule I   | 41,000.01   |
| 5. Schedule J: Your Expenses (Official Form 106J)  | \$858.00  |
|  | <b>Φ000.00</b>                                    |

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| Deb         | tor 1 Dontae  | T.   | Reavley   | Case number (if known)  |          |
|-------------|---|--|---|---|----------|
|             | First Name  | Middle Name  | Last Name   |   |          |
| Part        | 4: Answer These Que                                       | estions for Administrati                                       | ive and Statistical Record  | S   |          |
| 6. <b>A</b> | re you filing for bankrupto                               | y under Chapters 7, 11, or                                     | 13?   |   |          |
|             | <b>_</b>  | report on this part of the fo                                  | rm. Check this box and submit t                                       | his form to the court with your other sol                           | nedules. |
| Ŀ           | Yes.  |  |   |   |          |
| 7. <b>W</b> | /hat kind of debt do you h                                | ave?   |   |   |          |
| [           |   |  | mer debts are those incurred by ill out lines 8-10 for statistical pu | an individual primarily for a personal,<br>rposes. 28 U.S.C. § 159. |          |
|             | Your debts are not print this form to the court wi        |  | u have nothing to report on this                                      | part of the form. Check this box and su                             | bmit     |
|             |   | ur Current Monthly Income<br>Form 122B Line 11; <b>OR</b> , Fo | e: Copy your total current month<br>rm 122C-1 Line 14.                | nly income from Official  | \$431.60 |
| 9.          | Copy the following speci                                  | al categories of claims fro                                    | m Part 4, line 6 of Schedule E  | /F:   |          |
|             | From Part 4 on Schedule                                   | E/F, copy the following:                                       |   | Total claim   |          |
|             | 9a. Domestic support oblig                                | gations (Copy line 6a.)  |   | \$21,998.95   |          |
|             | 9b. Taxes and certain othe                                | r debts you owe the governr                                    | ment. (Copy line 6b.)   | \$4,362.53  |          |
|             | 9c. Claims for death or per                               | sonal injury while you were i                                  | ntoxicated. (Copy line 6c.)   | \$0.00  |          |
|             | 9d. Student loans. (Copy li                               | ne 6f.)  |   | \$0.00  |          |
|             | 9e. Obligations arising out priority claims. (Copy line 6 |  | r divorce that you did not report                                     | as \$0.00   |          |
|             | 9f. Debts to pension or pro                               | ofit-sharing plans, and other                                  | similar debts. (Copy line 6h.)  | \$0.00  |          |
|             |   |  |   |   |          |

\$26,361.48

9g. **Total.** Add lines 9a through 9f.

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| Fill in this                           | information to identify your o  | case:  |   |  |   |
|--|---|--|---|--|---|
| Debtor 1                               | Dontae  | T.   | Reavley   |  |   |
| Bosto. 1                               | First Name  | Middle Name  | Last Name   |  |   |
| Debtor 2<br>(Spouse, if fi             | ling) First Name  | Middle Name  | Last Name   |  |   |
|  | - Thou raino  |  |   |  |   |
| United Sta                             | ates Bankruptcy Court for the:  | Northern   | District of Illinois (State)  |  |   |
| Case num                               | nber  |  |   |  |   |
| , ,                                    |   |  |   |  | Check if this is an                                   |
| Officia                                | al Form 106A/B  |  |   |  | amended filing  |
| Sche                                   | dule A/B: Prope   | erty   |   |  | 12/   |
| category v<br>responsibl<br>write your | where you think it fits best.<br>le for supplying correct infor<br>name and case number (if | Be as complete and ac<br>mation. If more space<br>known). Answer every c | asset only once. If an asset fits in mor<br>curate as possible. If two married peo<br>is needed, attach a separate sheet to<br>juestion.<br>r Other Real Estate You Own or I- | ple are filing together, both a this form. On the top of any a | re equally  |
|  |   |  | residence, building, land, or similar p   |  |   |
| V                                      | No. Go to Part 2  | ,  | 5, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1  |  |   |
| i ii                                   | Yes. Where is the property?   |  |   |  |   |
|  |   | Wha  | it is the property? Check all that apply.   |  | claims or exemptions. Put                             |
| 1.1                                    | Street address, if available, or  | other description  | Single-family home  |  | red claims on Schedule D:<br>ims Secured by Property. |
|  | on our address, in available, or  |  | Duplex or multi-unit building   | Current value of the   | Current value of the                                  |
|  |   | <u> </u>   | Condominium or cooperative Manufactured or mobile home  | entire property?   | portion you own?                                      |
|  |   | <u> </u>   | Land  |  |   |
|  | Number Street   |  | Investment property   | Describe the nature o  |   |
|  | 01-1-   |  | Timeshare<br>Other  | interest (such as fee s<br>the entireties, or a life           |   |
|  | City State  | Zip Code   | Other   |  |   |
|  |   | <b>Who</b> one.  | has an interest in the property? Chec   |  | mmunity property                                      |
|  |   |  | Debtor 1 only   |  |   |
|  |   |  | Debtor 2 only   |  |   |
|  |   | <u> </u>   | Debtor 1 and Debtor 2 only  |  |   |
|  |   |  | At least one of the debtors and another   |  |   |
|  |   |  | er information you wish to add about t<br>perty identification number:  | his item, such as local  |   |
| If you                                 | own or have more than one, I  |  |   |  |   |
|  |   | Wha  | t is the property? Check all that apply.  |  | claims or exemptions. Put                             |
| 1.2                                    | Street address, if available, or  | other description  | Single-family home  |  | red claims on Schedule D:<br>ims Secured by Property. |
|  |   | <u> </u>   | Duplex or multi-unit building   | Current value of the   | Current value of the                                  |
|  |   |  | Condominium or cooperative Manufactured or mobile home  | entire property?   | portion you own?                                      |
|  |   | <u> </u>   | Land  |  |   |
|  | Number Street   | H  | Investment property   | Describe the nature o  | •   |
|  | 0'1   |  | Timeshare   | interest (such as fee s<br>the entireties, or a life           |   |
|  | City State  | Zip Code   | Other   |  |   |
|  |   | <b>Who</b> one.  | has an interest in the property? Chec   |  | mmunity property                                      |
|  |   |  | Debtor 1 only   |  |   |
|  |   |  | Debtor 2 only   |  |   |
|  |   |  | Debtor 1 and Debtor 2 only  |  |   |
|  |   |  | At least one of the debtors and another   |  |   |
|  |   |  | er information you wish to add about t<br>perty identification number:  | his item, such as local  |   |

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| Debtor 1    | Dontae<br>First Name                                       | T.<br>Middle Name                         | Reavley<br>Last Name  | Case numbe       | er (if known)   |   |
|-------------|--|---|---|------------------|---|---|
| 1.3Stre     | et address, if available, or ot                            | [   | What is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home                        | t apply.         | the amount of any secu  | claims or exemptions. Put red claims on Schedule D: ims Secured by Property.  Current value of the portion you own? |
| Nur<br>City | nber Street State  | Zip Code                                  | Land Investment property Timeshare Other  |                  | Describe the nature o interest (such as fee s the entireties, or a life | imple, tenancy by   |
|             |  | ]<br>[<br>]<br>[                          | Who has an interest in the propert  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and ar  Other information you wish to add | nother           | (see instructions)  | mmunity property  |
|             | the dollar value of the po<br>ve attached for Part 1. Wi   | rtion you own for a<br>rite that number h | all of your entries from Part 1, inclere.   | uding any entrie | s for pages   |   |
| Do you ov   |  | equitable interest                        | in any vehicles, whether they are also report it on Schedule G: Executo   | -                | -   |   |
| 3. Cars, va |  | ility vehicles, motoro                    | cycles  |                  |   |   |
| 3.1         | Make<br>Model:<br>Year:                                    | Ford<br>Explorer<br>2004                  | Who has an interest in the proone.  Debtor 1 only   | pperty? Check    | the amount of any secu  | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.                               |
|             | Approximate mileage: Other information: 2004 Ford Explorer | 100000                                    | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is community   |                  | Current value of the entire property?<br>\$2625.00                      | Current value of the portion you own?<br>\$2625.00  |
| 3.2         | Make<br>Model:<br>Year:                                    |   | who has an interest in the proone.  Debtor 1 only   | pperty? Check    | the amount of any secu  | claims or exemptions. Put ured claims on Schedule D: nims Secured by Property.                                      |
|             | Approximate mileage:  Other information:                   |   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is community instructions)   |                  | Current value of the entire property?                                   | Current value of the portion you own?   |

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| Debtor 1 | Dontae<br>First Name  | T.<br>Middle Name | Reavley<br>Last Name   | Case numbe  | r (if known)           |  |
|----------|---|-------------------|--|---|------------------------|--|
| 3.3      | Make Model: Year: Approximate mileage: Other information:             |                   | Who has an interest in thone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt Check if this is comminstructions) | only<br>ors and another                                   | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own?            |
| 3.4      | Make Model: Year: Approximate mileage: Other information:             | <u> </u>          | Who has an interest in thone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2   |   | the amount of any secu | claims or exemptions. Put<br>ured claims on Schedule D:<br>aims Secured by Property.<br>Current value of the<br>portion you own? |
|          | ercraft, aircraft, motor ho<br>nples: Boats, trailers, motors<br>No   | •                 | At least one of the debt Check if this is comm instructions) recreational vehicles, oth  | ors and another unity property (see er vehicles, and acce |                        |  |
| 4.1      | Yes  Make  Model: Year: Approximate mileage:  Other information:      |                   | Who has an interest in thone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt Check if this is comminstructions) | only<br>ors and another                                   | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own?            |
| 4.2      | Make<br>Model:<br>Year:<br>Approximate mileage:<br>Other information: |                   | Who has an interest in thone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt Check if this is comminstructions) | only<br>ors and another                                   | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own?            |
|          | the dollar value of the po  | -                 | -  |   |                        | 625.00   |

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Debtor 1 Dontae Reavley Case number (if known) First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Radio 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$400.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Chain, earrings \$150.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No **✓** Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$900.00 for Part 3. Write that number here ......

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Debtor 1 Dontae Reavley Case number (if known) First Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: PNC Bank 17.1. Checking account: \$0.00 17.2. Checking account: 17.3. Savings account: \$0.00 PNC Bank 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Debt | tor 1 Dontae                                  | T.  | Reavley                     | Case number (if known)                      |  |
|------|---|---|-----------------------------|---|--|
|      | First Name                                    | Middle Name   | Last Name                   |   |  |
| 20.  | Negotiable instruments Non-negotiable instrum | orate bonds and other negotial include personal checks, cashiers' ents are those you cannot transfe | checks, promissory no       | tes, and money orders.                      |  |
|      | Yes. Give specific information about them     | Issuer name:  |                             |   |  |
|      |   |   |                             |   |  |
| 21.  |   |   | ), thrift savings accounts  | s, or other pension or profit-sharing plans |  |
|      | <b>✓</b> No                                   | Type of account:  | Institution name:           |   |  |
|      | Yes. List each account separately.            | 401(k) or similar plan:   |                             |   |  |
|      | ooparatory.                                   | Pension plan:   |                             |   |  |
|      |   | IRA:  |                             |   |  |
|      |   | Retirement account:   |                             |   |  |
|      |   | Keogh:  |                             |   |  |
|      |   | Additional account:   |                             |   |  |
|      |   | Additional account:   |                             |   |  |
| 22.  |   | prepayments d deposits you have made so that with landlords, prepaid rent, public                   |                             |   |  |
|      | Yes   | Electric:   |                             |   |  |
|      |   | Gas:  |                             |   |  |
|      |   | Heating oil:  |                             |   |  |
|      |   | Security deposit on rental unit:  |                             |   |  |
|      |   | Prepaid rent:   |                             |   |  |
|      |   | Telephone:  |                             |   |  |
|      |   | Water:  |                             |   |  |
|      |   | Rented furniture:   |                             |   |  |
|      |   | Other:  |                             |   |  |
| 23.  | Annuities (A contract fo                      | or a periodic payment of money to   | you, either for life or for | r a number of years)                        |  |
|      | ✓ No  Yes                                     | Issuer name and description:  |                             |   |  |
|      |   |   |                             |   |  |
|      |   |   |                             |   |  |
|      |   |   |                             |   |  |

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| Debto      | or 1 Dontae  | Т.   |                                    | ase number (if known)  |  |
|------------|--|--|------------------------------------|--|--|
| 0.4        | First Name   | Middle Name  | Last Name                          | unlified state tuities sussesses   |  |
| 24.        | 26 U.S.C. §§ 530(b)(1), 529A(  | <b>A, in an account in a qualified</b><br>(b), and 529(b)(1).    | ABLE program, or under a qu        | Jaimed State tuition program.  |  |
|            | No   |  |                                    |  |  |
|            | Institution name   | e and description. Separately file                               | the records of any interests.11 l  | U.S.C. § 521(c):   |  |
|            |  |  |                                    |  |  |
|            |  |  |                                    |  |  |
|            |  |  |                                    |  |  |
| 25.        | Trusts, equitable or future in   | nterests in property (other tha                                  | n anything listed in line 1), an   | nd rights or powers  |  |
|            | exercisable for your benefit   |  |                                    |  |  |
|            | ✓ No   |  |                                    |  |  |
|            | Yes. Describe  |  |                                    |  |  |
|            |  | _  |                                    |  |  |
| 26.        |  | arks, trade secrets, and other mes, websites, proceeds from ro   |                                    | 6  |  |
|            | - N  | nes, websites, proceeds from to                                  | yailles and ildensing agreements   | 3  |  |
|            | ✓ No  Yes. Describe  |  |                                    |  |  |
|            | Too. Becombe   |  |                                    |  |  |
| 0.7        |  | _  |                                    |  |  |
| 27.        | Licenses, franchises, and oth<br>Examples: Building permits, ex  | ner general Intangibles<br>clusive licenses, cooperative ass     | ociation holdings, liquor license  | es, professional licenses  |  |
|            | <b>✓</b> No  |  |                                    |  |  |
|            | Yes. Describe  |  |                                    |  |  |
|            |  |  |                                    |  |  |
|            |  |  |                                    |  |  |
| Mon        | ev or property owed to yo  | 112  |                                    |  | Current value of the   |
| Mon        | ey or property owed to yo  | ou?  |                                    |  | Current value of the portion you own?  |
| Mon        | ey or property owed to yo  | ou?  |                                    |  | portion you own? Do not deduct secured   |
|            |  | ou?  |                                    |  | portion you own?   |
|            | Tax refunds owed to you  | ou?  |                                    |  | portion you own? Do not deduct secured   |
|            |  |  |                                    | Federal:   | portion you own? Do not deduct secured   |
|            | Tax refunds owed to you  ✓ No  — Yes. Give specific information about them, including  | on<br>g whether  |                                    |  | portion you own? Do not deduct secured claims or exemptions.   |
|            | Tax refunds owed to you  ✓ No  ☐ Yes. Give specific information  | on<br>g whether<br>eturns  |                                    | State:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00   |
| 28.        | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the reand the tax years  | on<br>g whether<br>eturns  |                                    |  | portion you own? Do not deduct secured claims or exemptions.   |
| 28.        | Tax refunds owed to you  No Yes. Give specific information about them, including you already filed the reand the tax years   | on<br>g whether<br>eturns  | ld support, maintenance, divorc    | State:  Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                       |
| 28.        | Tax refunds owed to you  No Yes. Give specific information about them, including you already filed the reand the tax years  Family support  Examples: Past due or lump sur   | on<br>g whether<br>eturns  | ld support, maintenance, divorc    | State:  Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                       |
| 28.        | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the reand the tax years  Family support  Examples: Past due or lump sur  | on<br>g whether<br>eturns<br><br>m alimony, spousal support, chi | ld support, maintenance, divorc    | State:  Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                       |
| 28.        | Tax refunds owed to you  No Yes. Give specific information about them, including you already filed the reand the tax years  Family support  Examples: Past due or lump sur   | on<br>g whether<br>eturns<br><br>m alimony, spousal support, chi | ld support, maintenance, divorc    | State:  Local:  ce settlement, property settlemen  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                       |
| 28.        | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the reand the tax years  Family support  Examples: Past due or lump sur  | on<br>g whether<br>eturns<br><br>m alimony, spousal support, chi | ld support, maintenance, divorc    | State:  Local: ce settlement, property settlemen  Alimony:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00                               |
| 28.        | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the reand the tax years  Family support  Examples: Past due or lump sur  | on<br>g whether<br>eturns<br><br>m alimony, spousal support, chi | ld support, maintenance, divorc    | State:  Local:  ce settlement, property settlement  Alimony:  Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00                      |
| 28.        | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the reand the tax years  Family support  Examples: Past due or lump sur  | on<br>g whether<br>eturns<br><br>m alimony, spousal support, chi | ld support, maintenance, divorc    | State: Local:  De settlement, property settlement  Alimony:  Maintenance:  Support:  Divorce settlement:                   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.<br>29. | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the reand the tax years  Family support  Examples: Past due or lump sur  ✓ No  Yes. Give specific information  | on g whether eturns  m alimony, spousal support, chi on          |                                    | State: Local:  De settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00        |
| 28.<br>29. | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the reand the tax years  Family support  Examples: Past due or lump sur  ✓ No  Yes. Give specific information  Other amounts someone owe Examples: Unpaid wages, disable                             | on g whether eturns  m alimony, spousal support, chi on          | ity benefits, sick pay, vacation p | State: Local:  De settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.<br>29. | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the reand the tax years  Family support  Examples: Past due or lump sur  ✓ No  Yes. Give specific information  Other amounts someone ower  Examples: Unpaid wages, disabte social Security benefits. | on g whether eturns  m alimony, spousal support, chi on          | ity benefits, sick pay, vacation p | State: Local:  De settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.<br>29. | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the reand the tax years  Family support  Examples: Past due or lump sur  ✓ No  Yes. Give specific information  Other amounts someone ower  Examples: Unpaid wages, disabte social Security benefits. | on g whether eturns  m alimony, spousal support, chi on          | ity benefits, sick pay, vacation p | State: Local:  De settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.<br>29. | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including you already filed the reand the tax years  Family support  Examples: Past due or lump sur  ✓ No  Yes. Give specific information  Other amounts someone ower  Examples: Unpaid wages, disabte social Security benefits. | on g whether eturns  m alimony, spousal support, chi on          | ity benefits, sick pay, vacation p | State: Local:  De settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  tt  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Debt   | or 1 Dontae   | Т.   | Reavley                       | Case number (if known)                       |   |
|--------|---|--|-------------------------------|--|---|
|        | First Name  | Middle Name  | Last Name                     |  |   |
| 31.    | Interests in insurance po<br>Examples: Health, disability |  | rings account (HSA); credit,  | nomeowner's, or renter's insurance           |   |
|        | No Yes. Name the insurar of each policy and list          | nce company  | pany name:                    | Beneficiary:                                 | Surrender or refund value   |
|        | ,                   |  |                               |  |   |
| 32.    |   |  |                               | cy, or are currently entitled to receive     | _   |
|        | No Yes. Describe  |  |                               |  |   |
| 33.    |   | ties, whether or not you ha<br>loyment disputes, insurance |                               | a demand for payment                         |   |
|        | No Yes. Describe  |  |                               |  |   |
| 34.    | Other contingent and ur to set off claims                 | <br>nliquidated claims of every                            | nature, including counter     | claims of the debtor and rights              |   |
|        | ✓ No     Yes. Describe                                    |  |                               |  |   |
| 35.    | Any financial assets you                                  | did not already list                                       |                               |  |   |
|        | No Yes. Describe  |  |                               |  |   |
| 36.    |   | III of your entries from Part                              |                               | or pages you have attached                   |   |
|        |   |  |                               |  |   |
| Part : | Describe Any Bus  | iness-Related Property                                     | You Own or Have an I          | nterest In. List any real estate in Pa       | art 1.  |
| 37.    | Do you own or have any                                    | legal or equitable interest                                | in any business-related p     | roperty?                                     |   |
|        | No. Go to Part 6. Yes. Go to line 38.                     |  |                               |  | Current value of the portion you own?  Do not deduct secured claims or exemptions |
| 38.    | Accounts receivable or                                    | commissions you already e                                  | arned                         |  | с. олетрионе  |
|        | Yes. Describe   |  |                               |  |   |
| 39.    | Office equipment, furnis<br>Examples: Business-relate     |  | ems, printers, copiers, fax m | achines, rugs, telephones, desks, chairs, el | ectronic devices  |
|        | No Yes. Describe  |  |                               |  |   |
|        |   |  |                               |  |   |

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| Deb      | tor 1 Dontae                         | T.                                   | Reavley                         | Case number (if known)   |                              |
|----------|--------------------------------------|--------------------------------------|---------------------------------|--|------------------------------|
| ı        | First Name                           | Middle Name                          | Last Name                       |  |                              |
| 40.      | Machinery, fixtures, e               | equipment, supplies you us           | se in business, and tools of yo | ur trade   |                              |
|          | <b>✓</b> No                          |                                      |                                 |  |                              |
|          | Yes. Describe                        |                                      |                                 |  |                              |
|          | ш                                    |                                      |                                 |  |                              |
|          |                                      | <u></u>                              |                                 |  |                              |
| 41.      | Inventory                            |                                      |                                 |  |                              |
|          | <b>✓</b> No                          |                                      |                                 |  |                              |
|          | Yes. Describe                        |                                      |                                 |  |                              |
|          |                                      |                                      |                                 |  |                              |
|          |                                      |                                      |                                 |  |                              |
| 42.      | Interests in partnersh               | nips or joint ventures               |                                 |  |                              |
|          | ✓ No                                 |                                      |                                 |  |                              |
|          | <u> </u>                             | N                                    | ame of entity:                  | % of ownership:  |                              |
|          | Yes. Give specific information about |                                      |                                 |  |                              |
|          | them                                 | _                                    |                                 |  | <u> </u>                     |
|          |                                      | _                                    |                                 |  | <u> </u>                     |
|          |                                      |                                      |                                 |  |                              |
| 43. (    | Customer lists. mailing              | –<br>g lists, or other compilation   | ns                              |  |                              |
|          | —                                    | ,,                                   |                                 |  |                              |
|          | <b>✓</b> No                          |                                      |                                 |  |                              |
|          | Yes. Do your lists                   | include personally identifiable      | information (as defined in 11 U | .S.C. § 101(41A))?   |                              |
|          | ☐ No                                 |                                      |                                 |  |                              |
|          | Yes. Desc                            | oribe                                |                                 |  |                              |
|          | L Tes. Desc                          | JIDG                                 |                                 |  |                              |
| 44.      | Any business-related                 | property you did not alrea           | dy list                         |  |                              |
|          | - N                                  |                                      |                                 |  |                              |
|          | <b>✓</b> No                          | _                                    |                                 |  | <u> </u>                     |
|          | Yes. Give specific information       |                                      |                                 |  |                              |
|          | iiiioiiiialioii                      | _                                    |                                 |  | <del></del>                  |
|          |                                      | _                                    |                                 |  |                              |
|          |                                      |                                      |                                 |  |                              |
|          |                                      | _                                    |                                 |  |                              |
|          |                                      | _                                    |                                 |  |                              |
|          |                                      | _                                    |                                 |  | <u> </u>                     |
|          |                                      |                                      |                                 |  |                              |
| 45. A    | dd the dollar value of               | all of your entries from Par         | t 5, including any entries for  | pages you have attached  |                              |
|          |                                      |                                      |                                 |  |                              |
| <u> </u> | Deceribe Amy F                       | anna and Camananaial                 | Fishing Deleted Dyensyty        | Var. Our and lave on Interest in   |                              |
| Part     | If you own or have ar                | n interest in farmland, list it in F | Part 1.                         | You Own or Have an Interest In.  |                              |
| 46.      | Do you own or have a                 | any legal or equitable inter         | est in any farm- or commerci    | al fishing-related property?   |                              |
|          | No. Go to Part 7.                    |                                      |                                 | The state of the s | Current value of the         |
|          |                                      |                                      |                                 |  | portion you own?             |
|          | Yes. Go to line 47                   |                                      |                                 |  | Do not deduct secured claims |
| 17       | Farm animals                         |                                      |                                 |  | or exemptions                |
| 47.      | Examples: Livestock, p               | oultry, farm-raised fish             |                                 |  |                              |
|          |                                      | . , ,                                |                                 |  |                              |
|          | ✓ No                                 |                                      |                                 |  |                              |
|          | Yes. Describe                        |                                      |                                 |  |                              |
|          |                                      |                                      |                                 |  |                              |

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| Debte          | or 1         | Dontae<br>First Name   |   | Reavley<br>Last Name   | Case number (if known)       |             |
|----------------|--------------|------------------------|---|------------------------|------------------------------|-------------|
| 48.            | Cro          | ps-either growing o    | or harvested                            |                        |                              |             |
|                | <b>✓</b>     | No                     |   |                        |                              |             |
|                |              | Yes. Describe          |   |                        |                              |             |
|                |              | L                      |   |                        |                              |             |
| 49.            | Far          |                        | ment, implements, machinery, fixture    | es, and tools of trade |                              |             |
|                |              | No<br>Yes. Describe    |   |                        |                              |             |
|                | Ш            | res. Bescribe          |   |                        |                              |             |
| 50.            | Far          | m and fishing suppli   | ies, chemicals, and feed                |                        |                              |             |
|                | V            | No                     |   |                        |                              |             |
|                | Ħ            | Yes. Describe          |   |                        |                              |             |
|                |              |                        |   |                        |                              |             |
| 51.            | Any          | farm- and commer       | cial fishing-related property you did   | not already list       |                              |             |
|                | $\checkmark$ | No                     |   |                        |                              |             |
|                | Ш            | Yes. Describe          |   |                        |                              |             |
|                | •            |                        |   |                        | -                            |             |
|                |              |                        | of your entries from Part 6, including  |                        | ou have attached             |             |
| •              |              |                        |   |                        |                              |             |
|                |              |                        |   |                        |                              |             |
| Part 7         | ':           | Describe All Prop      | perty You Own or Have an Intere         | est in That You Did No | ot List Above                |             |
|                |              |                        | perty of any kind you did not already l | ist?                   |                              |             |
|                |              | No                     | s, country club membership              |                        |                              |             |
|                |              | Yes. Give specific     |   |                        |                              |             |
|                |              | information            |   |                        |                              |             |
|                |              |                        |   |                        |                              | ·           |
| 54. Ad         | ld th        | ne dollar value of all | of your entries from Part 7. Write the  | at number here         |                              | <b>•</b>    |
|                |              |                        |   |                        |                              |             |
|                |              |                        |   |                        |                              |             |
|                |              |                        |   |                        |                              |             |
| Part 8         |              | List the Totals of     | Each Part of this Form                  |                        |                              |             |
|                |              |                        |   |                        |                              |             |
| 55. <b>P</b>   | art          | 1: Total real estate,  | , line 2                                |                        |                              |             |
| 56. <b>p</b>   | art :        | 2 total vehicles, line | e 5                                     | \$2625.00              |                              |             |
| 57. <b>P</b> a | art 3        | 3: Total personal an   | d household items, line 15              | \$900.00               |                              |             |
| 58. <b>P</b> a | art 4        | l: Total financial ass | sets, line 36                           |                        |                              |             |
| 59. <b>P</b>   | art          | 5: Total business-re   | elated property, line 45                |                        |                              |             |
| 60. <b>P</b>   | art          | 6: Total farm- and fi  | ishing-related property, line 52        |                        |                              |             |
| 61. <b>P</b>   | art          | 7: Total other prope   | erty not listed, line 54                |                        |                              |             |
| 62. <b>T</b>   | otal         | personal property.     | Add lines 56 through 61                 | \$3525.00              |                              | + \$3525.00 |
|                |              |                        |   |                        | Copy personal property total |             |
| 63 Ta          | otal         | of all property on So  | chedule A/B. Add line 55 + line 62      |                        |                              | \$3525.00   |
|                |              |                        |   |                        |                              |             |

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| Debtor 1 | Dontae     | T.          | Reavley   | Case number (if known) |  |
|----------|------------|-------------|-----------|------------------------|--|
|          | First Name | Middle Name | Last Name |                        |  |

#### Schedule A/B: Property. Additional page

| Part 3: Describe | Your Personal and Household Items                                 |  |
|------------------|---|--|
| Do you own or ha | ve any legal or equitable interest in any of the following items? | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 7.2. Electronics |   |  |
| No               |   |  |
| Yes. Describe    | Cell Phone, TV  | \$350.00   |

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|                     |                          | T.          | Reavley              |  |
|---------------------|--------------------------|-------------|----------------------|--|
|                     | First Name               | Middle Name | Last Name            |  |
| Debtor 2            |                          |             |                      |  |
| (Spouse, if filing) | First Name               | Middle Name | Last Name            |  |
| United States Ba    | ankruptcy Court for the: | Northern    | District of Illinois |  |
| Case number         |                          |             | (State)              |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | identify the Property You Clair  | n as Exempl  |   |   |  |  |  |  |  |
|----|--|--|---|---|--|--|--|--|--|
| 1. | 3 · · · · · · · · · · · · · · · · · · ·  |  |   |   |  |  |  |  |  |
|    | You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)                 |  |   |   |  |  |  |  |  |
|    | You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)   |  |   |   |  |  |  |  |  |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |  |   |   |  |  |  |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property                | Current value of the portion you own  Copy the value from Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption              |  |  |  |  |  |
|    | Brief description: Ford Explorer, 2004, 2004 Ford Explorer  Line from Schedule A/B: 03             | \$2,625.00   | \$2,400.00; \$225.00  100% of fair market value, up to any applicable statutory limit               | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |  |  |  |  |  |
|    | Brief  |  |   | 735 ILCS 5/12-1001(a)                           |  |  |  |  |  |
|    | description:   | \$400.00   | \$400.00  |   |  |  |  |  |  |
|    | Used Clothing Line from Schedule A/B: 11   |  | 100% of fair market value, up to any applicable statutory limit                                     | _   |  |  |  |  |  |
| 3. | ✓ No   | ery 3 years after that for   | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |   |  |  |  |  |  |

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Debtor 1 Dontae Reavley Case number (if known) First Name Middle Name Last Name **Additional Page** Part 2: Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B 735 ILCS 5/12-1001(b) Brief \$350.00 description:  $\checkmark$ \$350.00 Cell Phone, TV 100% of fair market value, up to any I ine from applicable statutory limit Schedule A/B: 07 735 ILCS 5/12-1001(b) \$0.00 description: **✓** Checking account, PNC 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) \$0.00 description:  $\overline{}$ \$0 Savings account, PNC 100% of fair market value, up to any Bank applicable statutory limit Line from Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$150.00 description: \$150.00 Chain, earrings 100% of fair market value, up to any

applicable statutory limit

I ine from

Schedule A/B:

12

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|                |                                     |                               | · ·  |                          |   |                                   |
|----------------|-------------------------------------|-------------------------------|--|--------------------------|---|-----------------------------------|
| Fill in this   | information to identify your o      | case:                         |  |                          |   |                                   |
| Debtor 1       | Dontae                              | T.                            | Reavley  |                          |   |                                   |
|                | First Name                          | Middle Name                   | Last Name  |                          |   |                                   |
| Debtor 2       |                                     |                               |  |                          |   |                                   |
| (Spouse, if fi | First Name                          | Middle Name                   | Last Name  |                          |   |                                   |
| United Sta     | ates Bankruptcy Court for the:      | Northern                      | District of Illinois   |                          |   |                                   |
| _              |                                     |                               | (State)  |                          |   |                                   |
| Case nun       | nber                                |                               |  |                          |   |                                   |
| , ,            |                                     |                               |  |                          |   | Check if this is an               |
| Offici         | al Form 106D                        |                               |  |                          | Ш   | amended filing                    |
| Sche           | dule D: Credit                      | tors Who Ha                   | ve Claims Secui  | red by Prop              | erty  | 12/15                             |
| more space     |                                     |                               | e are filing together, both are ed<br>nber the entries, and attach it to                                       |                          |   |                                   |
| 1. <b>Do</b> a | any creditors have claims           | secured by your proper        | ty?  |                          |   |                                   |
| <b>~</b>       | No. Check this box and sub          | mit this form to the court    | with your other schedules. You h   | ave nothing else to repo | ort on this form.                                     |                                   |
|                | Yes. Fill in all of the information | on below.                     |  |                          |   |                                   |
| Part 1:        | List All Secured Claims             |                               |  |                          |   |                                   |
| for e          |                                     | editor has a particular claim | red claim, list the creditor separately<br>list the other creditors in Part 2. As<br>g to the creditor's name. |                          | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |

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| Fill in t  | his inforn                                      | nation to identify your ca  | ase:   |  |  |   |  |  |  |
|--|---|---|--|--|--|---|--|--|--|
| Debtor   | 1   | Dontae  | T.   |  | avley  |   |  |  |  |
| Debtor   | . 2   | First Name  | Middle Name  | La   | st Name  |   |  |  |  |
| (Spouse  |   | First Name  | Middle Name  | La   | st Name  |   |  |  |  |
| United   | States Ba                                       | ankruptcy Court for the:  | Northern   | District of  | of Illinois<br>(State)   |   |  |  |  |
| Case n   |   |   |  |  | (State)  |   |  |  |  |
| Offic  | ial Fo  | orm 106E/F  |  |  |  |   | Chec   | k if this is an a                              | amended filing                             |
| Sch  | nedu  | lle E/F: Cre  | ditors Wh  | o Have   | e Unsecure   | ed Claims   |  |  | 12/15                                      |
| other p<br>Form 1<br>claims<br>the ent<br>known) | arty to a<br>06A/B) a<br>that are<br>ries in th | and accurate as possing executory contracts and on Schedule G: Exelisted in Schedule D: Cone boxes on the left. At all of Your PRIORITY             | s or unexpired leases t<br>cutory Contracts and<br>creditors Who Hold Cla<br>tach the Continuation | hat could res<br>Unexpired Le<br>ims Secured<br>Page to this | sult in a claim. Also lis<br>ases (Official Form 10<br>by Property. If more sp       | t executory contract<br>6G). Do not include a<br>pace is needed, copy | s on <i>Schedul</i><br>iny creditors<br>the Part you | e A/B: Prope<br>with partiall<br>need, fill it | erty (Official<br>y secured<br>out, number |
| 1. D   |   | editors have priority un<br>Go to Part 2.   | secured claims again   | st you?  |  |   |  |  |  |
|  | Yes.  |   |  |  |  |   |  |  |  |
| lis<br>A<br>C                                    | sted, iden<br>s much a<br>ontinuation           | your priority unsecured<br>tify what type of claim it is<br>so possible, list the claims<br>on Page of Part 1. If more<br>planation of each type of | is. If a claim has both po<br>in alphabetical order ac<br>e than one creditor hold                 | iority and non<br>cording to the<br>s a particular c         | priority amounts, list tha<br>creditor's name. If you<br>laim, list the other credit | it claim here and show<br>have more than two pi<br>ors in Part 3.     | both priority  | and nonpriorit                                 | ty amounts.                                |
|  |   |   |  |  |  |   | Total<br>claim                                       | Priority amount                                | Nonpriority amount                         |
|  |   | epartment of Healthcare a   | and Family Services  | - Iast 4 digi  | ts of account number   |   |  | \$21,998.95                                    | \$0.00                                     |
|  | Priority C<br>Po Box 1                          | reditor's Name  |  | _  | the debt incurred?   | <br>n/a   |  |  |  |
|  | Number  | Street  |  | _  | late you file, the claim   |   |  |  |  |
|  | Springfiel<br>City                              | ld Illinois<br>State  | 62794<br>Zip Code  | Unliqu   |  |   |  |  |  |
|  | <u>Wh</u> o inc                                 | urred the debt? Check of tor 1 only   | •  | Disput   |  |   |  |  |  |
|  | Debt  | tor 2 only  |  | Type of PF   | RIORITY unsecured cla  | im:   |  |  |  |
|  | Debt  | tor 1 and Debtor 2 only   |  |  | stic support obligations   |   |  |  |  |
|  | At lea  | ast one of the debtors an   | d another  | Taxes govern   | and certain other debts y<br>ment  | ou owe the  |  |  |  |
|  | Che   | ck if this claim relates  | to a community debt  | Claims   | for death or personal in   | jury while you were   |  |  |  |
|  | Is the cla                                      | aim subject to offset?  |  | intoxic Other.   | ated<br>Specify  |   |  |  |  |
|  | <b>✓</b> No                                     |   |  |  |  |   |  |  |  |
|  | Yes   |   |  |  |  |   |  |  |  |
|  | IRS<br>Priority C                               | reditor's Name  |  | Last 4 digi  | ts of account number   |   | \$4,362.53   | \$4,362.53                                     | \$0.00                                     |
|  | Po Box 7  |   |  | When was   | the debt incurred?   | n/a   |  |  |  |
|  | Number  | Street  |  |  | late you file, the claim   | is: Check all that  |  |  |  |
|  | Die Teerleie                                    | his Barran Lan  |  | <ul> <li>apply.</li> <li>Contin</li> </ul>                   | gent   |   |  |  |  |
|  | Philadelp<br>City                               | hia Pennsylvar<br>State   | nia 19101<br>Zip Code  | - Unliqu   | idated   |   |  |  |  |
|  |   | urred the debt? Check of<br>for 1 only  | one.   | Disput   | ed   |   |  |  |  |
|  | 브   | tor 2 only  |  | Type of PF   | NORITY unsecured cla   | im:   |  |  |  |
|  |   | tor 1 and Debtor 2 only   |  | =  | stic support obligations   |   |  |  |  |
|  | At lea  | ast one of the debtors an   | d another  | ✓ Taxes govern   | and certain other debts y<br>ment  | ou owe the  |  |  |  |
|  | _   | ck if this claim relates  | to a community debt  |  | for death or personal in   | jury while you were   |  |  |  |
|  | Is the cla                                      | aim subject to offset?  |  | Other.   | Specify  |   |  |  |  |
|  | Yes   |   |  |  |  |   |  |  |  |

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Debtor 1 Dontae Reavley Case number (if known) First Name Last Name Your PRIORITY Unsecured Claims - Continuation Page Part 1: Priority Total Nonpriority After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. claim amount amount 2.3 Quiana Reavley c/o IL Dept of Healthcare and Family \$0.00 \$0.00 \$0.00 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? n/a PO Box 19405 As of the date you file, the claim is: Check all that Number Street apply. Contingent Unliquidated 62794 Springfield Illinois City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: V ✓ Domestic support obligations Debtor 2 only Taxes and certain other debts you owe the Debtor 1 and Debtor 2 only government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No

Yes

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| Debto   | r 1 Dontae<br>First Name   | T.<br>Middle Name                                    | Reavley<br>Last Name          | Case number (if known)  |   |
|---------|--|--|-------------------------------|---|---|
| Part 2  | List All of Your NONPRIC   | RITY Unsecured C                                     | laims                         |   |   |
| 3. D    | o any creditors have nonpriority  No. You have nothing to report  Yes.   | y unsecured claims aga<br>ort in this part. Submit t | ainst you?<br>his form to the | court with your other schedules.  of the creditor who holds each claim. If a creditor has more  | than one priority                       |
| u<br>If | nsecured claim, list the creditor sep  | parately for each claim. F                           | or each claim lis             | ted, identify what type of claim it is. Do not list claims already in art 3.If you have more than four priority unsecured claims fill ou  | cluded in Part 1.<br>t the Continuation |
|         | AABON ON 50 0 1 5405 OW  |  |                               |   | Total claim                             |
| 4.1     | AARON SALES & LEASE OW  Nonpriority Creditor's Name 1015 COBB PLACE BLVD NW  |  |                               | ast 4 digits of account number 8513  When was the debt incurred? 6/2015   | \$1,141.00                              |
|         | Number Street  |  |                               | as of the date you file, the claim is: Check all that apply.  |   |
|         | KENNESAW Georg City State Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Zip Cod  | e [                           | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or   |   |
|         | At least one of the debtors ar  Check if this claim relates Is the claim subject to offset?  No  Yes   |  | [<br>[                        | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify 024 Lease   |   |
| 4.2     | City of Chicago - Dep't of Revenu  | ıe   |                               | ast 4 digits of account number  | \$2,357.00                              |
|         | Nonpriority Creditor's Name<br>PO Box 88292  |  |                               | When was the debt incurred?   |   |
| 4.3     | Number Street  Chicago Illinois City State Who incurred the debt? Check ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors ar  Check if this claim relates Is the claim subject to offset? ✓ No  Yes  Comcast | Zip Cod<br>one.<br>nd another                        | e [                           | As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Parking and red light tickets | \$0.00                                  |
|         | Nonpriority Creditor's Name<br>11621 E. Marginal Way # 5<br>Number Street<br>Bankruptcy Dept   | one.   | v<br>[<br>[                   | when was the debt incurred?   | <b>\$6.00</b>                           |

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Debtor 1 Dontae Reavley Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 ComEd \$5,706.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 3 Lincoln Center Street Number As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Unliquidated 60181 Oakbrook Terrace Illinois State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Electric Bill Is the claim subject to offset? No Yes 4.5 DirecTV \$900.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2230 E Imperial Hwy Street As of the date you file, the claim is: Check all that apply. ATTN Bankruptcy Contingent Unliquidated El Segundo California 90245 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Cable Bill V Is the claim subject to offset? **✓** No Yes IL Tollway 4.6 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2700 Ogden Ave Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Downers Grove 60515 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts

✓ No ✓ Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify \_

Notice Only

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Debtor 1 Dontae Reavley Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 \$5,435.95 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a Po Box 7346 Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 19101 <u>Philadel</u>phia Pennsylvania City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ 1040 Taxes Is the claim subject to offset? No Yes Porania LLC c/o Biltmore Asset Management \$550.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 24500 Center Ridge Rd Ste 472 Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 44145 Westlake Ohio Disputed Citv Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Collecting For -V Is the claim subject to offset? **✓** No Yes Quantum3 Group LLC as agent for Sadino Funding LLC \$179.28 4.9 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a P.O. Box 788 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Kirkland Washington 98083 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt

**V** No Yes

Is the claim subject to offset?

Other. Specify

Collecting For -

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| Debtor 1              | Dontae<br>First Name   | T.<br>Middle Name       | Reavley<br>Last Name      | Case number (if known)  |             |  |  |
|-----------------------|--|-------------------------|---------------------------|---|-------------|--|--|
| Part 2:               | Your NONPRIORITY Uns   | ecured Claims - Conti   | inuation Pa               | age   |             |  |  |
| A                     | After listing any entries on this  | s page, number them beg | inning with               | 4.5, followed by 4.6, and so forth.   | Total claim |  |  |
| N 6                   | WEBBNK/FSTR Nonpriority Creditor's Name 6250 RIDGEWOOD ROAD Number Street  |                         |                           | Last 4 digits of account number 1932 \$174.00  When was the debt incurred? 12/2014  As of the date you file, the claim is: Check all that apply.  |             |  |  |
| V<br>E<br>E<br>E<br>E | AINT CLOUD Minn City State Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this claim relates the claim subject to offset? No Yes | one.<br>nd another      | ]<br>[]<br>[]<br>[]<br>[] | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify 8 InstallmentLoan |             |  |  |

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| ebtor 1        | Dontae<br>First Name                      |                                   | T.<br>Middle Name                                  | Reavley Last Name                          | Case nu                                | umber (if known)   |  |
|----------------|---|-----------------------------------|--|--|--|--|--|
| rt 3:          | List Others to E                          | Be Notified A                     | About a Debt That Yo                               | u Already Listed                           |  |  |  |
| colle<br>colle | ection agency is t<br>ection agency her   | rying to colle<br>e. Similarly, i | ct from you for a debt y<br>f you have more than o | ou owe to someone<br>ne creditor for any o | else, list the or<br>of the debts that | a already listed in Parts 1 or 2. For example, if a iginal creditor in Parts 1 or 2, then list the you listed in Parts 1 or 2, list the additional 2, do not fill out or submit this page. |  |
| HAR<br>Name    | RIS & HARRIS LTI                          | )                                 |  | On which entry i                           | n Part 1 or Part                       | 2 did you list the original creditor?  |  |
| 111            | 111 W JACKSON BLVD S-400<br>Number Street |                                   |  | Line 4.2 of (Check                         | of (Check                              | Part 1: Creditors with Priority Unsecured Claims   |  |
| Num            |   |                                   |  | one):                                      |  | Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| CHIC           | CAGO                                      | Illinois                          | 60604  | Last 4 digits of a                         | ccount number                          |  |  |
| City           |   | State                             | Zip Code   |  | occurr mumber                          |  |  |
| IL Se          | ecretary of State                         |                                   |  | On which entry i                           | n Part 1 or Part                       | 2 did you list the original creditor?  |  |
| 2701           | 2701 S. Dirksen Parkway                   |                                   |  | Line 4.2                                   | of (Check                              | Part 1: Creditors with Priority Unsecured Claims   |  |
| Num            | nber Street                               |                                   |  |  | one):                                  | Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| Sprin          | ngfield                                   | Illinois                          | 62723  | Last 4 digits of a                         | ccount number                          |  |  |
| City           |   | State                             | Zip Code   | _act i digito oi a                         | occurr number                          | <del></del>  |  |

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Debtor 1 Dontae Reavley Case number (if known) First Name Last Name Add the Amounts for Each Type of Unsecured Claim Part 4: 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$21,998.95 **Total claims** 6a. Domestic support obligations. from Part 1 \$4,362.53 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$26,361.48 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Dontae                    | T.          | Reavley                      |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |
| Case number (If known)                          |                           |             |                              |  |  |  |  |

#### Official Form 106G

### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or compa         | ny with whom you have | the contract or lease | State what the contract or lease is for |
|-----|-------------------------|-----------------------|-----------------------|---|
| 2.1 | AARON SALES & I         | _EASE OW              |                       | Other,<br>Debtor is Lessor,             |
|     | Name                    |                       |                       | Leased Radio                            |
|     | 1015 COBB PLACE BLVD NW |                       |                       | Leased Radio                            |
|     | Number                  | Street                | _                     |   |
|     | KENNESAW                | Georgia               | 30144                 |   |
|     | City                    | State                 | Zip Code              |   |

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|                         |   | 5  | oumont rag                 | 90 00 01 11   |
|-------------------------|---|--|----------------------------|---|
| Fill in this            | s information to identify you                               | r case:  |                            |   |
| Debtor 1                | Dontae  | Т.   | Reavley                    |   |
|                         | First Name  | Middle Name  | Last Name                  |   |
| Debtor 2<br>(Spouse, if | filing) =   |  |                            |   |
| (Spouse, II             | filing) First Name  | Middle Name  | Last Name                  |   |
| United S                | tates Bankruptcy Court for th                               | ie: Northern   | District of Illinois       |   |
| 0                       |   |  | (State)                    |   |
| Case nui                | mber  |  |                            | <del></del>   |
| Offic                   | ial Form 106H   | 1  |                            | Check if this is an amended filing  |
| Sche                    | dule H: Your Co   | -<br>odebtors  |                            | 12/15   |
|                         | Answer every question.  You have any codebtors? (I  NO  Yes | f you are filing a joint case, do                            | not list either spouse as  | is a codebtor.)   |
|                         | o, Louisiana, Nevada, New M                                 | ou lived in a community pro<br>Mexico, Puerto Rico, Texas, W |                            | ry? (Community property states and territories include Arizona, California, sin.) |
| <b>✓</b>                | No. Go to line 3.   |  |                            |   |
|                         | Yes. Did your spouse, for                                   | mer spouse, or legal equiva                                  | alent live with you at the | e time?   |
|                         | <b>✓</b> No   |  |                            |   |
|                         | Yes. In which commu   | unity state or territory did yo                              | u live?                    | Fill in the name and current address of that person.                              |
|                         | Name of your spous  | e, former spouse, or legal equ                               | ivalent                    |   |
|                         | Number Street   |  |                            |   |
|                         | City  | State  | Zip Co                     | Code  |
| 3. In C                 | olumn 1, list all of your co                                | debtors. Do not include you                                  | r spouse as a codebtor     | or if your spouse is filing with you. List the person shown in line 2             |

In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2
again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D),
Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

| Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt |
|-------------------------|---|
|                         | Check all schedules that apply:                 |

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|   | _  |                             |       | J          |              |   |  |
|---|--|-----------------------------|-------|------------|--------------|---|--|
| Fill in this information to identify                                | your case:   |                             |       |            |              |   |  |
| Debtor 1 Dontae   | T.   | Reavle                      | ev    |            |              |   |  |
| First Name  | Middle Name  | Last N                      |       | )          | - Che        | eck if this is:   |  |
| Debtor 2  |  |                             |       |            |              | An amended filing   |  |
| (Spouse, if filing) First Name                                      | Middle Name  | Last N                      | ame   |            |              | _   |  |
| United States Bankruptcy Court for                                  | Northern   | District of Illi            | _     |            |              | A supplement showing post-petition chapter in<br>expenses as of the following date:                                 |  |
| the:<br>Case number   |  | (5                          | tate  | )          |              |   |  |
| (lf known)  |  |                             |       |            | <u> </u>     | MM / DD / YYYY  |  |
| Official Form 106I  |  |                             |       |            |              |   |  |
| Schedule I: Your In   | come   |                             |       |            |              | 12/·  |  |
| information about your spouse. I                                    | If you are separated and<br>d, attach a separate she<br>ry question. | d your spous                | se is | not filing | with you, do | r spouse is living with you, include<br>not include information about your<br>ional pages, write your name and case |  |
| Fill in your employment   |  | Debtor 1                    |       |            |              | Debtor 2  |  |
| information.  | Foods and date   |                             |       |            |              | Employed  |  |
| If you have more than one job,                                      | Employment status  | <b>Employed</b>             |       |            |              |   |  |
| attach a separate page with information about additional            |  | Not Employed                |       |            |              | Not Employed  |  |
| employers.  | Occupation   | Cashier                     |       |            |              |   |  |
| Include part time, seasonal, or                                     | Employer's name  | Walgreen (                  | Co.   |            |              |   |  |
| self-employed work.   | Employer's address   | 200 Wilmot Rd Number Street |       |            |              |   |  |
| Occupation may include student or homemaker, if it applies.         |  |                             |       |            |              | Number Street   |  |
|   |  | Chicago                     |       | Illinois   | 60612        |   |  |
|   |  | City                        |       | State      | Zip Code     | City State Zip Code   |  |
|   | How long employed there?   | 3 months                    |       |            |              |   |  |
| Part 2: Give Details About M  | Monthly Income   |                             |       |            |              |   |  |
| spouse unless you are separated.                                    | -  | •                           |       |            | •            | write \$0 in the space. Include your non-filing or that person on the lines below. If you need                      |  |
| more space, attach a separate she                                   | eet to this form.  |                             |       | For D      | ebtor 1      | For Debtor 2 or non-filing spouse   |  |
| List monthly gross wages, sale deductions.) If not paid monthly be. | • .  |                             | 2.    |            | \$1,246.31   |   |  |
| 3. Estimate and list monthly ove                                    | rtime nav  |                             | 3.    |            | + \$0.00     |   |  |
| 5. Estimate and not monthly ove                                     | раз.   |                             | ٥.    |            | , 40.00      |   |  |

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| Dept                 | or 1 <u>Dontae</u><br>First Name         |   | Reavley<br>Last Name | Case number (if        |                                   |                         |
|----------------------|--|---|----------------------|------------------------|-----------------------------------|-------------------------|
|                      | riist Name                               | WINGING INGILIE   | .ast Name            | For Debtor 1           | For Debtor 2 or non-filing spouse |                         |
| Co                   | py line 4 here                           |   | <b>→</b> 4. <b>"</b> | \$1,246.31             |                                   |                         |
| 5. <b>Lis</b>        | t all payroll ded                        |   |                      |                        |                                   |                         |
| 5a                   | . Tax, Medicare,                         | and Social Security deductions  | 5a.                  | \$220.89               |                                   |                         |
| 5b                   | . Mandatory cor                          | tributions for retirement plans   | 5b.                  | \$0.00                 |                                   |                         |
| 50                   | . Voluntary cont                         | ributions for retirement plans  | 5c.                  | \$0.00                 |                                   |                         |
| 5d                   | l. Required repay                        | yments of retirement fund loans   | 5d.                  | \$0.00                 |                                   |                         |
| 5e                   | . Insurance                              |   | 5e.                  | \$0.00                 |                                   |                         |
| 5f.                  | Domestic supp                            | ort obligations   | 5f.                  | \$0.00                 |                                   |                         |
| 5g                   | . Union dues                             |   | 5g.                  | \$0.00                 |                                   |                         |
| 5h                   | . Other deduction                        | ons. Specify:   | 5h. +                | \$0.00 +               |                                   |                         |
| 6. <b>Ad</b><br>+5h. | d the payroll ded                        | <b>ductions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5f   | + 5g 6.              | \$220.89               |                                   |                         |
| 7. <b>Ca</b>         | Iculate total mo                         | nthly take-home pay. Subtract line 6 from line  | 4. 7.                | \$1,025.42             |                                   |                         |
| 8. <b>Lis</b>        | t all other incon                        | ne regularly received:  |                      |                        |                                   |                         |
| 8a                   | business, profe                          | m rental property and from operating a ession, or farm ent for each property and business showing   |                      |                        |                                   |                         |
|                      | gross receipts, o                        | ordinary and necessary business expenses, and   | _                    | Φ0.00                  |                                   |                         |
| 0.1                  | the total monthl                         | •   | 8a.                  | \$0.00                 |                                   |                         |
|                      | . Interest and di                        |   | 8b.                  | \$0.00                 |                                   |                         |
| 80                   | dependent reg                            | payments that you, a non-filing spouse, or a<br>ularly receive<br>, spousal support, child support, maintenance,  | a                    |                        |                                   |                         |
|                      |  | nt, and property settlement.  | 8c.                  | \$0.00                 |                                   |                         |
| 8d                   | l. Unemployment                          | t compensation  | 8d.                  | \$0.00                 |                                   |                         |
| 8e                   | . Social Security                        | ,   | 8e.                  | \$0.00                 |                                   |                         |
| 8f.                  | Include cash ass<br>cash assistance      | ent assistance that you regularly receive istance and the value (if known) of any non-that you receive, such as food stamps (benefits emental Nutrition Assistance Program) or es |                      |                        |                                   |                         |
|                      |  |   | 8f.                  | \$0.00                 |                                   |                         |
|                      | . Pension or reti                        |   | 8g.                  | \$0.00                 |                                   |                         |
| _                    | st. Prorated Incom                       | income. Specify:<br>ne Tax Refund   | 8h. +                | \$68.25 +              |                                   |                         |
| 9. <b>Ad</b>         | d all other incon                        | ne Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +  | · 8h. 9.             | \$68.25                |                                   |                         |
|                      |  | income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor 2 or non-filing sp   | 10.<br>Jouse         | \$1,093.67             | =                                 | \$1,093.67              |
| In o                 | clude contribution<br>ends or relatives. | gular contributions to the expenses that you is from an unmarried partner, members of your amounts already included in lines 2-10 or amounts.                                     | household, your o    | lependents, your roomr |                                   |                         |
|                      | ecify:                                   | ,   |                      | , 9 : 1: : :           |                                   | . + \$0.00              |
| _                    |  |   |                      |                        |                                   |                         |
|                      |  | n the last column of line 10 to the amount in<br>n the Summary of Schedules and Statistical Sur   |                      |                        |                                   | \$1,093.67              |
|                      |  |   |                      |                        |                                   | Combined monthly income |
| 13. <b>D</b>         | o you expect an                          | increase or decrease within the year after y  | ou file this form?   | •                      |                                   |                         |
|                      | Yes. Explain:                            |   |                      |                        |                                   |                         |
|                      |  |   |                      |                        |                                   |                         |

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|------------------------------------|--|---|--|-------------------------------------|---------------------------------|
| Fill in this infor                 | mation to identify you                     | r case:   |  |                                     |                                 |
| Debtor 1                           | Dontae<br>First Name                       | T.<br>Middle Name   | Reavley Last Name  |                                     |                                 |
| Debtor 2<br>(Spouse, if filing)    |  |   |  | Check if this is:  An amended filin | ng                              |
|                                    | First Name  Bankruptcy Court for the       | Middle Name<br>e: Northern [  | Last Name District of Illinois                                       | A supplement sh                     | nowing post-petition chapter 13 |
| Case number                        | amapisy sources an                         | -   | (State)  | expenses as of t                    | the following date:             |
| (If known)                         |  |   | _  | MM / DD / YYYY                      | <del>,</del>                    |
| Official                           | Form 106J                                  |   |  |                                     |                                 |
| Schedul                            | e J: Your Ex                               | penses  |  |                                     | 12/15                           |
| information. If i                  | •  | d, attach another sheet to this   | e filing together, both are equall form. On the top of any additions |                                     |                                 |
| 1. Is this a join                  |  |   |  |                                     |                                 |
| ✓ No. Go                           | to line 2                                  |   |  |                                     |                                 |
| Yes. Do                            | oes Debtor 2 live in a                     | separate household?   |  |                                     |                                 |
|                                    | No   |   |  |                                     |                                 |
|                                    | Yes. Debtor 2 must                         | file Official Forms 106J-2, Expen   | ses for Separate Household of Debi                                   | or 2.                               |                                 |
| 2. Do you have                     | e dependents?                              | No  |  |                                     |                                 |
| Do not list D<br>Debtor 2.         | ebtor 1 and                                | Yes. Fill out this information for each dependent                         | Dependent's relationship to<br>Debtor 1 or Debtor 2                  | Dependent's age                     | Does dependent live with you?   |
| expenses of                        | enses include<br>f people other            | No  |  |                                     |                                 |
| than<br>yourself and<br>dependents | -  | Yes   |  |                                     |                                 |
| Part 2: Estir                      | mate Your Ongoing                          | g Monthly Expenses  |  |                                     |                                 |
| _                                  | of a date after the bar                    |   | ou are using this form as a suppl<br>plemental Schedule J, check the | •                                   | •                               |
|                                    | •  | -cash government assistance i<br>I it on Sc <i>hedule I: Your Incom</i> e | •  |                                     | Your expenses                   |
|                                    | or home ownership or the ground or lot. 4. | expenses for your residence. In   | clude first mortgage payments and                                    |                                     | <b>\$200.00</b>                 |
| If not incl                        | uded in line 4:                            |   |  |                                     |                                 |

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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| i iist Naine Milutie Naine Last Naine   |            |               |
|---|------------|---------------|
|   |            | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans   | 5.         | \$0.00        |
| 6. Utilities:   |            |               |
| 6a. Electricity, heat, natural gas  | 6a.        | \$0.00        |
| 6b. Water, sewer, garbage collection  | 6b.        | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.        | \$114.00      |
| 6d. Other. Specify:   | 6d         | \$0.00        |
| 7. Food and housekeeping supplies   | 7.         | \$210.00      |
| 8. Childcare and children's education costs   | 8.         | \$0.00        |
| 9. Clothing, laundry, and dry cleaning  | 9.         | \$50.00       |
| 10. Personal care products and services   | 10.        | \$28.00       |
| 11. Medical and dental expenses   | 11.        | \$0.00        |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments  | 12.        | \$200.00      |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.        | \$0.00        |
| 14. Charitable contributions and religious donations  | 14.        | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.   |            |               |
| 15a. Life insurance   | 15a        | \$0.00        |
| 15b. Health insurance   | 15b        | \$0.00        |
| 15c. Vehicle insurance  | 15c        | \$56.00       |
| 15d. Other insurance. Specify:  | 15d        | \$0.00        |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  |            |               |
| Specify:  | 16         | \$0.00        |
| 17. Installment or lease payments:  | 10         |               |
| 17a. Car payments for Vehicle 1   | 17a        | \$0.00        |
| 17b. Car payments for Vehicle 2   | 17b        | \$0.00        |
| 17c. Other. Specify:  | 17c        | \$0.00        |
| 17d. Other. Specify:  | 17d        | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from   |            | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.        |               |
| 19.Other payments you make to support others who do not live with you.  Specify:  | 40         | **            |
|   | 19.        | \$0.00        |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property | 20a        | \$0.00        |
| 20b. Real estate taxes.   | 20a<br>20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance   | 20c        | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.  | 20d        | \$0.00        |
| 20e. Homeowner's association or condominium dues  | 20d<br>20e | \$0.00        |
|   | 206        | <del></del>   |

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| Debtor 1          |  |                           | T.                    | Reavley  | Case number (if known) |     |   |            |
|-------------------|--|---------------------------|-----------------------|--|------------------------|-----|---|------------|
|                   | First Na   | me                        | Middle Name           | Last Name  |                        |     |   |            |
| 21. <b>Othe</b>   | <b>r.</b> Speci  | fy:                       |                       |  |                        | 21  |   | \$0.00     |
|                   |  |                           |                       |  |                        |     |   |            |
|                   | -  | our monthly expenses      | -                     |  |                        |     |   | \$858.00   |
|                   |  | s 4 through 21.           |                       |  |                        |     | _ | \$0.00     |
|                   | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |                           |                       |  |                        |     | _ | \$858.00   |
| 22c. /            | 22c. Add line 22a and 22b. The result is your monthly expenses.                      |                           |                       |  |                        |     |   |            |
| 23. <b>Calc</b> ı | ılate yo   | our monthly net incom     | e.                    |  |                        |     |   |            |
| 23a. (            | Copy lin   | e 12 (your combined m     | onthly income) from   | Schedule I.  |                        | 23a |   | \$1,093.67 |
| 23b.              | Сору ус  | our monthly expenses fi   | om line 22 above.     |  |                        | 23b |   | \$858.00   |
|                   |  | your monthly expense      |                       | income.  |                        |     |   | \$235.67   |
|                   | The res  | ult is your monthly net i | ncome.                |  |                        | 23c | _ | ·          |
| 24 Do v           | ou expe  | ect an increase or dec    | rease in vour exper   | ses within the year after                                    | you file this form?    |     |   |            |
| -                 | -  |                           |                       | -  |                        |     |   |            |
|                   |  |                           |                       | loan within the year or do y<br>modification to the terms of |                        |     |   |            |
| 111011            | iyaye pa   | ayment to increase or di  | ecrease because or a  | modification to the terms of                                 | your mongage?          |     |   |            |
|                   | No   |                           |                       |  |                        |     |   |            |
|                   | ⁄es  |                           |                       |  |                        |     |   |            |
| <b>₩</b>          |  |                           |                       |  |                        |     |   |            |
|                   |  | Explain here:             |                       |  |                        |     |   |            |
|                   |  | Debtor lives with his     | gininena ana contribu | ites toward rent.  |                        |     |   |            |
|                   |  |                           |                       |  |                        |     |   |            |
|                   |  |                           |                       |  |                        |     |   |            |
|                   |  |                           |                       |  |                        |     |   |            |
|                   |  |                           |                       |  |                        |     |   |            |
|                   |  |                           |                       |  |                        |     |   |            |
|                   |  |                           |                       |  |                        |     |   |            |
|                   |  |                           |                       |  |                        |     |   |            |

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| Fill in this information to identify your case: |            |             |                              |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|
| Debtor 1  | Dontae     | <br>Т.      | Reavley                      |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |
| Debtor 2  |            |             |                              |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |
| Case number                                     |            |             |                              |  |  |  |

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                  | nelp you fill out bankruptcy forms?   |
|     | <b>✓</b> No  |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and   |
| ×   | /s/ Dontae Reavley   | ×   |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 8/14/2018 MM/DD/YYYY  | Date MM/DD/YYYY   |
|     | WHWI/DD/TTTT   | WINDO TTT   |

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| Fill in t              | his infor                        | mation to identify your c   | ase:  |  |                                    |               |                   |                                   |
|------------------------|----------------------------------|---|---|--|------------------------------------|---------------|-------------------|-----------------------------------|
| Debtor                 | 1                                | Dontae  | T.  | Reavley  |                                    |               |                   |                                   |
| Debtor                 | . 0                              | First Name  | Middle N  | lame Last Nar  | me                                 |               |                   |                                   |
| (Spouse                |                                  | First Name  | Middle N  | lame Last Nar  | ne                                 |               |                   |                                   |
| United                 | States E                         | ankruptcy Court for the:  | Northern  | District of Illin  |                                    |               |                   |                                   |
| Case n                 | iumber<br>n)                     |   |   | (Sta   | nte)                               |               |                   |                                   |
| Offi                   | cial                             | Form 107  |   |  |                                    | _             |                   | Check if this is a amended filing |
| Stat                   | eme                              | nt of Financia  | l Affairs fo                                      | or Individuals   | Filing for                         | Bankru        | ıptcv             | 04/1                              |
| Be as of inform number | comple<br>ation. I<br>er (if kno | te and accurate as po<br>f more space is neede<br>own). Answer every qu | ssible. If two ma<br>d, attach a sepa<br>uestion. | arried people are filing<br>arate sheet to this form                             | together, both<br>n. On the top of | are equally i | responsible for s |                                   |
| Part 1                 | Give                             | Details About Your  | Marital Status                                    | and Where You Lived  | d Before                           |               |                   |                                   |
| 1. 1                   | What is                          | your current marital sta  | tus?  |  |                                    |               |                   |                                   |
|                        |                                  | ried<br>married   |   |  |                                    |               |                   |                                   |
| 2.                     | During t                         | he last 3 years, have yo  | u lived anywhere                                  | other than where you l   | ive now?                           |               |                   |                                   |
|                        |                                  | . List all of the places yo   | u lived in the last                               | 3 years. Do not include  Dates Debtor 1 lived there                              | where you live no                  | w.            |                   | Dates Debtor 2 lived there        |
|                        |                                  |   |   |  | Same as I                          | Debtor 1      |                   | Same as Debtor 1                  |
|                        |                                  | 49 S Wentworth<br>nber Street   |   | From<br>To   | Number Stree                       | t .           |                   | From To                           |
|                        | Chic<br>City                     | cago Illinois<br>State  | 60628<br>Zip Code                                 |  | City                               | State         | Zip Code          |                                   |
|                        |                                  | Clair   |   |  | Same as I                          |               | <u></u>           | Same as Debtor 1                  |
|                        | Nun                              | nber Street   |   | From   | Number Stree                       | t             |                   | From<br>To                        |
|                        | City                             | State   | Zip Code  |  | City                               | State         | Zip Code          |                                   |
|                        | nd territor No                   | <i>ies</i> include Arizona, Califo                                      | mia, Idaho, Louis                                 | ouse or legal equivalent<br>iana, Nevada, New Mexico<br>Codebtors (Official Form | o, Puerto Rico, Tex                |               | - ,               | mmunity property states           |

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| Debtor 1                  |   | Reavley  |  | number (if known)                                      |  |
|---------------------------|---|--|--|--|--|
|                           |   |  | ne   |  |  |
| Part 2:                   | Explain the Sources of Your Inc   | come   |  |  |  |
| Fill i                    | you have any income from employm the total amount of income you receivities. If you are filing a joint case and you No  Yes. Fill in the details.   | ved from all jobs and all busi                                 | nesses, including part-time                                      |  | ars?   |
|                           |   | Debtor 1   |  | Debtor 2   |  |
|                           |   | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)            |
|                           | om January 1 of current year until<br>e date you filed for bankruptcy:  | Wages, commissions, bonuses, tips Operating a business         | \$4500.00  | Wages, commissions, bonuses, tips Operating a business |  |
|                           | or last calendar year: anuary 1 to December 31, 2017 ) YYYY   | Wages, commissions, bonuses, tips Operating a business         | \$5000.00  | Wages, commissions, bonuses, tips Operating a business |  |
|                           | or the calendar year before that: anuary 1 to December 31, 2016 ) YYYY  | Wages, commissions, bonuses, tips  Operating a business        | \$10000.00   | Wages, commissions, bonuses, tips Operating a business |  |
| publi<br>filing<br>List e | de income regardless of whether that in c benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No  Yes. Fill in the details. | come; interest; dividends; m<br>you received together, list it | oney collected from lawsuits only once under Debtor 1.           | ; royalties; and gambling and lo                       |  |
|                           |   | Debtor 1   |  | Debtor 2   |  |
|                           |   | Sources of income<br>Describe below.                           | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |
|                           | rom January 1 of current year until<br>ne date you filed for bankruptcy:  | Est. YTD LINK  | \$784.00   |  |  |
|                           | or last calendar year: anuary 1 to December 31, 2017 ) YYYY   | Est. LINK  | \$2,352.00   |  |  |
|                           | or the calendar year before that: anuary 1 to December 31, 2016 ) YYYY  | Est. LINK  | \$2,352.00   |  |  |
|                           |   |  |  |  |  |

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Debtor 1 Dontae Reavley Case number (if known) First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors

Other

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| tor 1 Dontae                         |   | T.   |   | ıvley  | Case number                                 | (if known)  |
|--------------------------------------|---|--|---|--|---|---|
| First Name                           |   | Middle Name  | Last  | Name   |   |   |
| Insiders include y corporations of w | our relatives; a<br>hich you are a<br>one for a busir | any general partners<br>an officer, director, p<br>ness you operate as | s; relatives of any g<br>person in control, | general partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider? You are a general partner; g securities; and any managing Y domestic support obligations, |
| · _                                  | payments to   | an insider.  |   |  |   |   |
| _                                    |   |  | Dates of payment                            | Total amount paid                            | Amount you still owe                        | Reason for this payment   |
| Insider's Nam                        | ne  |  |   |  |   |   |
| Number Stree                         | et  |  |   |  |   |   |
| City                                 | State   | Zip Code   |   |  |   |   |
| Insider's Nam                        | ne  |  |   |  |   |   |
| Number Stree                         | et  |  |   |  |   |   |
| City                                 | State   | Zip Code   |   |  |   |   |
| insider?<br>Include payments  No     | on debts gua  | aranteed or cosigne  | ed by an insider.                           | Total amount paid                            | Amount you still owe                        | n account of a debt that benefited an  Reason for this payment  |
|                                      |   |  |   |  |   | Include creditor's name   |
| Insider's Nam                        | пе  |  |   |  |   |   |
| Number Stree                         | et  |  |   |  |   |   |
| City                                 | State   | Zip Code   |   |  |   |   |
| Insider's Nam                        | ne  |  |   |  |   |   |
|                                      |   |  |   |  |   |   |
| Number Stree                         | et  |  |   |  |   |   |
| City                                 | State   | Zip Code   |   |  |   |   |

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Debtor 1 Dontae Reavley Case number (if known) First Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debtor   | 1 Dontae   | T.  | Reavley                      | Case number (if known)          |                          |                     |
|----------|--|---|------------------------------|---------------------------------|--------------------------|---------------------|
|          | First Name   | Middle Name   | Last Name                    |                                 |                          |                     |
|          |  | ou filed for bankruptcy, did<br>ake a payment because yo    |                              | ank or financial institution, s | et off any amou          | nts from your       |
|          | No Yes. Fill in the details                              | S.  |                              |                                 |                          |                     |
| _        |  |   | Describe the action the      | creditor took                   | Date action was taken    | Amount              |
|          | Creditor's Name  |   |                              |                                 |                          |                     |
|          | Number Street  |   |                              |                                 |                          |                     |
|          |  |   | Last 4 digits of account n   | iumber: XXXX-                   |                          |                     |
|          | City St  | tate Zip Code   |                              |                                 |                          |                     |
|          |  | filed for bankruptcy, was a<br>stodian, or another official |                              | possession of an assignee for   | the benefit of c         | creditors, a court- |
| <u>~</u> | <b>d</b>   |   |                              |                                 |                          |                     |
|          | Yes List Certain Gifts a                                 | and Contributions   |                              |                                 |                          |                     |
| Part 5:  | List dei tain dirts a                                    |   |                              |                                 |                          |                     |
| 13. V    | Vithin 2 years before yo                                 | ou filed for bankruptcy, did                                | you give any gifts with a to | otal value of more than \$600   | per person?              |                     |
| [<br>[   | <ul><li>✓ No</li><li>✓ Yes. Fill in the detail</li></ul> | ls for each gift.   |                              |                                 |                          |                     |
|          | Gifts with a total va<br>per person                      | lue of more than \$600                                      | Describe the gifts           |                                 | Dates you gave the gifts | Value               |
|          |  |   |                              |                                 |                          |                     |
|          | Person to Whom You                                       | Gave the Gift   |                              |                                 |                          |                     |
|          | Number Street  |   |                              |                                 |                          |                     |
|          | ,  | tate Zip Code   |                              |                                 |                          |                     |
|          | Person's relationship                                    | to you<br>-   |                              |                                 |                          |                     |
|          | Person to Whom You                                       | ı Gave the Gift   |                              |                                 |                          |                     |
|          | Number Street  |   |                              |                                 |                          |                     |
|          | City St<br>Person's relationship                         | tate Zip Code to you  |                              |                                 |                          |                     |

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| Debtor <sup>1</sup> | 1 Dontae  | T.                    |              | Reavley  | Case number (if know       | vn)                               |                        |
|---------------------|---|-----------------------|--------------|--|----------------------------|-----------------------------------|------------------------|
|                     | First Name  | Middle N              | ame          | Last Name  |                            |                                   |                        |
| 14. W               | ithin 2 years before y  | ou filed for bankru   | ptcy, did yo | ou give any gifts or contrib   | outions with a total value | of more than \$600                | to any charity?        |
| V                   | No  |                       |              |  |                            |                                   |                        |
|                     | Yes. Fill in the detai  | ls for each gift or o | contribution |  |                            |                                   |                        |
|                     | Gifts or contribution that total more that                              |                       |              | Describe what you cont   | ributed                    | Date you contributed              | Value                  |
|                     |   |                       |              |  |                            |                                   |                        |
|                     |   |                       |              |  |                            |                                   |                        |
|                     | Number Street   |                       |              |  |                            |                                   |                        |
|                     | City 5  | State Zip C           | Code         |  |                            |                                   |                        |
| art 6:              | List Certain Loss   | es                    |              |  |                            |                                   |                        |
|                     | No Yes. Fill in the detai Describe the prope how the loss occur         | erty you lost and     |              | Describe any insurance<br>Include the amount that i<br>pending insurance claims  | nsurance has paid. List    | Date of your loss                 | Value of property lost |
|                     |   |                       |              | A/B: Property.   |                            |                                   |                        |
|                     |   |                       |              |  |                            |                                   |                        |
| art 7:              | List Certain Payn   | nents or Transfe      | ers          |  |                            |                                   |                        |
|                     | cout seeking bankrupiclude any attorneys, ba  No Yes. Fill in the detai | nkruptcy petition pr  |              | Description and value of transferred   |                            | Date payment or transfer was made | Amount of payment      |
|                     | Semrad Law Firm   |                       |              | Attorney's Fee - 350.00  |                            | 8/14/2018                         | \$350.00               |
|                     | Person Who Was Pa   |                       |              |  |                            |                                   |                        |
|                     | 11101 S. Western A<br>Number Street                                     | venue                 |              |  |                            |                                   |                        |
|                     | Number Offeet   |                       |              |  |                            |                                   |                        |
|                     | Chicago I   | llinois 606           | 42           |  |                            |                                   |                        |
|                     |   | State Zip C           |              |  |                            |                                   |                        |
|                     | Email or website add  | Iress                 |              |  |                            |                                   |                        |
|                     | Person Who Made the   | ne Payment, if Not    | You          |  |                            |                                   |                        |
|                     | Person Who Was Pa   | id                    |              |  |                            |                                   |                        |
|                     | Number Street   |                       |              |  |                            |                                   |                        |
|                     | City  | State Zip (           | Code         |  |                            |                                   |                        |
|                     | Email or website add  | <u> </u>              |              |  |                            |                                   |                        |
|                     | Person Who Made the   | ne Payment if Not '   | You          |  |                            |                                   |                        |
|                     | I SISSII TTIIS MAUE II  | ayınıdırı, il indl    |              | T. Control of the Con |                            | I .                               |                        |

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|     | Dontae  | T.  | Reavley   | Case number (if known) |  |                                |
|-----|---|---|---|------------------------|--|--------------------------------|
|     | First Name  | Middle Name                                     | Last Name   |                        |  |                                |
| he  | thin 1 year before you file<br>Ip you deal with your cree<br>not include any payment c  | ditors or to make payn                          |   | ehalf pay or transfer  | any property to an                         | yone who promised t            |
| ~   | 4   |   |   |                        |  |                                |
| L   | Yes. Fill in the details.   |   |   |                        |  |                                |
|     |   |   | Description and value of any p transferred                | roperty                | Date<br>payment or<br>transfer was<br>made | Amount of payment              |
|     | Person Who Was Paid   |   | -   |                        |  |                                |
|     | Number Street   |   | -   |                        |  |                                |
|     | City State  | Zin Codo  | -   |                        |  |                                |
|     | City State  | Zip Code  |   |                        |  |                                |
| and | d transfers that you have all  No Yes. Fill in the details.   | ready listed on this state                      |   | nt. D                  |  | D.                             |
|     |   |   | Description and value of prope transferred                |                        | r property or<br>ceived or debts pai       | Date<br>d transfer was<br>made |
|     | Person Who Received Tr  | ansfer  | -   |                        |  |                                |
|     | Number Street   |   | <u>-</u>  |                        |  |                                |
|     |   |   |   |                        |  |                                |
|     | City State<br>Person's relationship to y  | •   | -   |                        |  |                                |
|     | •   | you .   | <del>-</del>  |                        |  |                                |
|     | Person's relationship to y  | you .   | -<br>-<br>-   |                        |  |                                |
|     | Person's relationship to y  Person Who Received Tra   | you .   | -<br>-<br>-   |                        |  |                                |
|     | Person's relationship to y  Person Who Received Tra   | ansfer Zip Code                                 | -<br>-<br>-   |                        |  |                                |
| be  | Person's relationship to y  Person Who Received Tra  Number Street  City State Person's relationship to y  thin 10 years before you fineficiary?  | ansfer  Zip Code  you  filed for bankruptcy, di | -<br>-<br>-<br>-<br>id you transfer any property to a sel | f-settled trust or sim | ilar device of which                       | n you are a                    |
| be  | Person's relationship to y  Person Who Received Tra  Number Street  City State Person's relationship to y  thin 10 years before you the reficiary? nese are often called asset-p                      | ansfer  Zip Code  you  filed for bankruptcy, di | -<br>-<br>-<br>-<br>id you transfer any property to a sel | f-settled trust or sim | ilar device of which                       | n you are a                    |
| be  | Person's relationship to y  Person Who Received Tra  Number Street  City State Person's relationship to y  thin 10 years before you the state of the called asset-parts are often called asset-parts. | ansfer  Zip Code  you  filed for bankruptcy, di |   |                        | ilar device of which                       | Date                           |
| be  | Person's relationship to y  Person Who Received Tra  Number Street  City State Person's relationship to y  thin 10 years before you the reficiary? nese are often called asset-p                      | ansfer  Zip Code  you  filed for bankruptcy, di |   |                        | ilar device of which                       |                                |

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Debtor 1 Dontae Reavley Case number (if known) First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code City State Zip Code

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Debtor 1 Dontae Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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| Deb  | tor 1 | Dontae<br>First Name | T.                                    | e Name              | Reavley<br>Last Name    | Case r                 | number <i>(if k</i> | known)                        |                |                                |
|------|-------|----------------------|---------------------------------------|---------------------|-------------------------|------------------------|---------------------|-------------------------------|----------------|--------------------------------|
|      |       | First Name           | Middi                                 | e ivarrie           | Last Name               |                        |                     |                               |                |                                |
| 26.  | Hav   | e you been a part    | y in any judicial o                   | r administrativ     | e proceeding under      | any environmenta       | I law? Inc          | lude settleme                 | nts and orde   | rs.                            |
|      | V     | No                   |                                       |                     |                         |                        |                     |                               |                |                                |
|      | Ħ     | Yes. Fill in the det | ails.                                 |                     |                         |                        |                     |                               |                |                                |
|      | _     |                      |                                       | Cou                 | rt or agency            |                        | Nature of           | f the case                    |                | Status of the                  |
|      |       |                      |                                       |                     |                         |                        |                     |                               |                | case                           |
|      |       | Case title           |                                       |                     |                         |                        |                     |                               |                | Pending                        |
|      |       |                      |                                       | Cou                 | rt Name                 |                        |                     |                               |                |                                |
|      |       | Case number          |                                       | Num                 | nberStreet              |                        |                     |                               |                | On appeal                      |
|      |       | Case Hamber          |                                       |                     |                         |                        |                     |                               |                | Concluded                      |
|      |       |                      |                                       | City                | State                   | Zip Code               |                     |                               |                | _                              |
| Part | 11:   | Give Details Al      | oout Your Busin                       | ess or Conne        | ections to Any Bu       | siness                 |                     |                               |                |                                |
|      |       |                      |                                       |                     | ,                       |                        |                     |                               |                |                                |
| 27.  | Witl  | hin 4 years before   | you filed for bank                    | ruptcy, did you     | own a business or       | have any of the fol    | lowing co           | nnections to a                | any business?  | ?                              |
|      |       | A sole propri        | etor or self-emplo                    | yed in a trade,     | profession, or other    | activity, either full- | -time or pa         | art-time                      |                |                                |
|      |       |                      | · · · · · · · · · · · · · · · · · · · | -                   | or limited liability pa | =                      | ·                   |                               |                |                                |
|      |       | A partner in a       | -                                     | ,                   | , ,                     | ,                      |                     |                               |                |                                |
|      |       |                      | rector, or managir                    | ng executive of     | a corporation           |                        |                     |                               |                |                                |
|      |       |                      |                                       | •                   | y securities of a corp  | ooration               |                     |                               |                |                                |
|      | _     | _                    |                                       |                     | ,                       |                        |                     |                               |                |                                |
|      | ⊻     | No. None of the a    |                                       |                     |                         |                        |                     |                               |                |                                |
|      | Ш     | Yes. Check all tha   | at apply above ar                     | nd fill in the deta | ails below for each b   |                        |                     |                               |                |                                |
|      |       |                      |                                       |                     | Describe the natu       | re of the business     |                     | Employer Ide                  |                | ımber Do not<br>ımber or ITIN. |
|      |       |                      |                                       |                     |                         |                        |                     |                               | ii occurry na  | imber of Trine.                |
|      |       | Business Name        |                                       |                     |                         |                        |                     | EIN:                          |                |                                |
|      |       | N Olasai             |                                       |                     |                         |                        |                     | Datas kusina                  | aa awlatad     |                                |
|      |       | Number Street        |                                       |                     | Name of accounta        | ant or bookkeeper      |                     | Dates busine                  | ss existed     |                                |
|      |       | City                 | State Z                               | ip Code             |                         |                        |                     | From                          | To             |                                |
|      |       | ,                    |                                       | •                   |                         |                        |                     |                               |                | <u></u>                        |
|      |       |                      |                                       |                     |                         |                        |                     |                               |                |                                |
|      |       |                      |                                       |                     |                         |                        |                     |                               |                |                                |
|      |       |                      |                                       |                     | Describe the natu       | re of the business     |                     | Employer Ide<br>include Socia |                |                                |
|      |       |                      |                                       |                     |                         |                        |                     |                               | ii occurry na  | imber of trive                 |
|      |       | Business Name        |                                       |                     |                         |                        |                     | EIN:                          |                |                                |
|      |       | Number Office        |                                       |                     |                         |                        |                     | Dates busine                  | ee avioted     |                                |
|      |       | Number Street        |                                       |                     | Name of accounta        | ant or bookkeeper      |                     | Pares pusifie                 | SS ENISIEU     |                                |
|      |       | City                 | State Z                               | ip Code             |                         |                        |                     | From                          | To             |                                |
|      |       | •                    |                                       | •                   |                         |                        |                     |                               |                | <u></u>                        |
|      |       |                      |                                       |                     |                         |                        |                     |                               |                |                                |
|      |       |                      |                                       |                     |                         |                        |                     |                               |                |                                |
|      |       |                      |                                       |                     | Describe the natu       | re of the business     |                     |                               |                | ımber Do not<br>ımber or ITIN. |
|      |       |                      |                                       |                     |                         |                        |                     |                               | ar Security nu | imber of ITIN.                 |
|      |       | Business Name        |                                       |                     |                         |                        |                     | EIN:                          |                |                                |
|      |       |                      |                                       |                     |                         |                        |                     |                               |                |                                |
|      |       | Number Street        |                                       |                     | Name of account         | ant or bookkoons       |                     | Dates busine                  | ss existed     |                                |
|      |       | City                 | State Z                               | ip Code             | Name of accounts        | ant or bookkeeper      |                     | Гиом                          | Т-             |                                |
|      |       | Oity                 | State Z                               | ih ooge             |                         |                        |                     | From                          | 10             |                                |
|      |       |                      |                                       |                     |                         |                        |                     |                               |                |                                |
|      |       |                      |                                       |                     |                         |                        |                     |                               |                |                                |

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| Debto    | r 1 Dontae  | T.                         | Reavley  | Case number (if known)   |
|----------|---|----------------------------|--|--|
|          | First Name  | Middle Name                | Last Name  |  |
|          | Within 2 years before you foreditors, or other parties.  No Yes. Fill in the details be |                            | ou give a financial statemen   | nt to anyone about your business? Include all financial institutions,  |
| _        | _   |                            | Date issued  |  |
|          |   |                            |  |  |
|          | Name  |                            | MM/DD/YYYY   |  |
|          | Number Street   |                            | _  |  |
|          | Hambor Chool  |                            |  |  |
|          | City Sta  | ate Zip Code               | <del>_</del>   |  |
| Part 1   | 2: Sign Below   |                            |  |  |
| tru      | ue and correct. I understa<br>pankruptcy case can resul                                 | nd that making a false sta | tement, concea <sup>l</sup> ing propert<br>or imprisonment for up to 2 | nts, and I declare under penalty of perjury that the answers are try, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          |   | ae Reavley                 |  | <b>x</b>   |
|          | Signature of  | Debtor 1                   |  | Signature of Debtor 2  |
|          | Date 8/14/2   | 2018                       |  | Date   |
| <u>~</u> | d you attach additional pa<br>] No<br>] Yes   | ges to Your Statement of   | Financial Affairs for Individu   | uals Filing for Bankruptcy (Official Form 107)?  |
|          | 1 No  |                            | , , ,  | • •  |
|          | Yes. Name of person   |                            |  | Attach the Bankruptcy Petition Preparer's Notice,  |

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

|   |  | Northern Distric  | ct of Illinois  |                              |  |  |
|---|--|---|---|------------------------------|--|--|
| re_   | Dontae T. Reavley  |   | Case No.  |                              |  |  |
|   | Debtor   |   |   | (If known)                   |  |  |
|   |  |   | Chapter   | Chapter 13                   |  |  |
|   | DISCLOSURE OF  | COMPENSATIO   | N OF ATTORNEY F   | OR DEBTOR                    |  |  |
| 1.  | Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf | year before the filing of the   | petition in bankruptcy, or agreed to  | be paid to me, for services  |  |  |
|   | For legal services, I have agreed to ac  | ccept   |   | \$4,000.00                   |  |  |
|   | Prior to the filing of this statement I h  | nave received   |   | \$350.00                     |  |  |
|   | Balance Due  |   |   | \$3,650.00                   |  |  |
| 2.  | The source of the compensation paid  | to me was:  |   |                              |  |  |
|   | Debtor   | Other (specify)   |   |                              |  |  |
| 3.  | The source of the compensation paid  | I to me is:   |   |                              |  |  |
|   | <b>✓</b> Debtor  | Other (specify)   |   |                              |  |  |
| 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. |  |   |   | ey are                       |  |  |
|   | members or associates of my law  | I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. |   |                              |  |  |
| 5.  | In return for the above-disclosed fee,<br>a. Analysis of the debtor's finan<br>bankruptcy;                   |   | I service for all aspects of the bank<br>advice to the debtor in determinin |                              |  |  |
|   | b. Preparation and filing of any p   | petition, schedules, stateme  | nts of affairs and plan which may b   | pe required;                 |  |  |
|   | c. Representation of the debtor  | at the meeting of creditors a   | nd confirmation hearing, and any a  | adjourned hearings thereof;  |  |  |
|   | d. Representation of the debtor  | in adversary proceedings an   | d other contested bankruptcy mat  | ters;                        |  |  |
| 6.  | By agreement with the debtor(s), the   | above-disclosed fee does no   | ot include the following services:  |                              |  |  |
|   |  |   |   |                              |  |  |
|   |  | CERTIFIC  | ATION   |                              |  |  |
|   | certify that the foregoing is a complet or(s) in this bankruptcy proceedings.                                | e statement of any agreemer   | nt or arrangement for payment to n  | ne for representation of the |  |  |
|   | 8/14/2018  |   | /s/ Morsheda Hashem   |                              |  |  |
|   | Date Signature of Attorney   |   |   |                              |  |  |
|   |  |   | Semrad Law Firm   |                              |  |  |
|   |  |   | Name of law firm  | <u> </u>                     |  |  |

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. *Discharge of the attorney*. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$43.23 for expenses, leaving a balance due of \$4,003.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:   | 8/14/2018   |                        |
|---------|-------------|------------------------|
| Signed: |             |                        |
| /s/ Don | tae Reavley |                        |
|         |             | /s/ Morsheda Hashem    |
| Debtor( | s)          | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1.717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Reavley, Dontae T.                                | _ Case No   |                                      |
|-----------------|---|---|--------------------------------------|
|                 | Debtor(s)   | _ Case NO   |                                      |
|                 |   | Chapter.  | Chapter13                            |
|                 | VERIFICATION                                      | ON OF CREDITOR MAT                                      | TRIX                                 |
| Th<br>knowledge | ne above named Debtors hereby verify that t<br>e. | he attached list of creditors is tr                     | rue and correct to the best of their |
| Date:           | 8/14/2018   | /s/ Reavley, Don<br>Reavley, Dontae<br>Signature of Del | T.                                   |

AARON SALES & LEASE OW 6071 Broadway Merrillville, IN, 46410

WEBBNK/FSTR 6250 RIDGEWOOD ROAD SAINT CLOUD, MN, 56303

City of Chicago - Dep't of Revenue PO Box 88292 Chicago, IL, 60608

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654

IL Secretary of State 2701 S. Dirksen Parkway Springfield, IL, 62723

ComEd 1919 Swift Drive Oak Brook, IL, 60523

Quantum3 Group LLC as agent for Sadino Funding LLC PO Box 788 Attn: Josh Keeports Kirkland, WA, 98083

IRS Irs Mail Stop 4100 P-3 Kansas City, MO, 64999

Porania LLC c/o Biltmore Asset Management 24500 Center Ridge Rd Ste 472 Westlake, OH, 44145

IL Tollway PO Box 5544 Chicago, IL, 60608

Illinois Department of Healthcare and Family Services PO Box Springfield, IL, 62794

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Quiana Reavley c/o IL Dept of Healthcare and Family Services PO Box 19405 Springfield, IL, 62794

DirecTV PO Box 105261 Atlanta, GA, 30348

Comcast p.o. box 196 Newark, NJ, 07101

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$43.23 for expenses, leaving a balance due of \$4,003.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:    | 8/14/2018                |                              |
|----------|--------------------------|------------------------------|
| Signed:  |                          |                              |
| /s/ Dont | ae Reavley Dantae Rlandy | 0.1.101                      |
|          |                          | /s/ Morsheda Hashem Marshull |
| Debtor(s | s)                       | Attorney for Debtor(s)       |

Do not sign if the fee amounts at top of this page are blank.

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### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28<sup>th</sup> Floor Chicago, IL 60603 (312) 913-0625

Re: Agreement Regarding Priority Treatment of The Semrad Law Firm LLC's Fees and Expenses

### Dear Dontae Reavley,

Thank you for choosing The Semrad Law Firm LLC (the Firm) to represent you in connection with your Chapter 13 bankruptcy case. In addition to the terms contained in the Court Approved Retention Agreement (CARA) it is our policy to confirm in writing how and when the Firm's fees and expenses will be paid. If there are any terms contained in this document that are in conflict with CARA, those terms are void.

Aside from any initial retainer that you pay the Firm, you will be required to pay the Firm's fees and expenses through the Chapter 13 plan after it is approved by the Bankruptcy Court. Each month, you will pay the Trustee the amount stated in your Chapter 13 plan. The Trustee will then disburse that money out according to the provisions of your plan to the Firm and other creditors.

The model Chapter 13 plan gives fourth priority to attorneys' fees, after the Trustee's fees, current mortgage payments, and payments to secured creditors listed in Section 3.1, 3.2, or 3.3 (for example, payments due to lenders on a loan to purchase a car, furniture, appliance or other item of personal property). The Firm intends to alter this priority scheme by modifying the model Chapter 13 plan to provide for payment of the Firm's attorney's fees and costs before any payments are made to your other creditors. That means that the money you send to the Trustee each month will first be paid to the Firm and not to pay the claims of your other creditors until the Firm's fees and expenses are paid in full. Such claims of other creditors include your car note, other financed personal property, parking tickets, taxes, and any claims of other creditors that may be included in your plan.

Aside from the Firm's commitment to perform any and all work reasonably necessary to represent you in this bankruptcy case without requiring you to pay a substantial amount of the fees and expenses up front, there is no benefit to you from this priority treatment of the Firm's fees and expenses. Furthermore, this arrangement presents certain risks. In the event that your case is dismissed before completion of the plan or if you decide to convert your case to a case under Chapter 7, it is likely that the Firm's attorneys' fees will have been paid while little of your other debts are paid.

In addition, there is the possibility that a creditor or the Trustee may object to the Firm being paid under this altered priority arrangement. In the event of such an objection, the Firm may lower that amount that the Firm will receive each month and increase the

### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28<sup>th</sup> Floor Chicago, IL 60603 (312) 913-0625

monthly payment to such creditor in order to resolve the objection. However, creditors may seek to recover additional attorneys' fees as a result of any such objection and you may be required to pay the creditors' additional attorneys' fees over time through the Chapter 13 Plan.

A Chapter 13 plan will be filed on your behalf to repay your creditors. Your Chapter 13 plan payment will be \$235.00 at the time of filing. This monthly Chapter 13 plan payment can be subject to change during your case. Included within this monthly plan payment is the Firm's compensation for representing you during the Chapter 13. You will be paying the Firm an attorney fee of \$4,000.00, with an initial down payment of \$350.00.

Within the Chapter 13 plan payment, you will be paying back your creditors and the Firm's attorney fees:

- 1. The trustee will be paid an estimated 6% of the plan payment.
- 2. The Firm's fees will be paid at approximately \$220.00/mo.
- 3. IRS will be paid \$4,362.53 pro rata after secured claims and Firm's Fees are paid.
- 4. Illinois Department of Healthcare and Family Services will be paid \$2,200.00 pro rata after secured claims and Firm's Fees are paid.
- 5. General Unsecured Creditors will be paid 10% pro-rata after all other creditors.
- 6. You are rejecting the lease on the radio with Aaron Sales & Lease Own as specified in the terms of the underlying retail installment contract.

If you do not wish to pay the Firm's attorneys' fees and expenses ahead of your creditors as set forth above, you have the following options:

- A. You can elect to pay the Firm an upfront retainer of \$1,500 prior to filing your case and elect for the plan to pay your car note (and/or other claims secured by personal property) and mortgage arrears in equal set monthly payments along with the Firm's fees and expenses; or
- B. You can seek representation by another firm under a different payment arrangement.

Please carefully review this letter. If the terms are not consistent with your understanding of our engagement in any respect or if you have any questions concerning the same, please notify us promptly. You can also seek advice from other counsel regarding your rights under this arrangement. Firm policy and a prior court order require that we receive confirmation of your acceptance of these terms in the form of your signature at the bottom of this letter. Please return the signed copy to the Firm as soon as possible.

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### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28<sup>th</sup> Floor Chicago, IL 60603 (312) 913-0625

Very Truly Yours,

THE SEMRAD LAW FIRM LLC

One of its Attorneys

Date: 08/14/2018

Accepted:

**Dontae Reavley** 

Date: 08/14/2018

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| Debtor 1 Dontae<br>First Name  | T.<br>Middle Name   | Reavley<br>Last Name   | Case number (if known)  |  |
|--|---|--|---|--|
|  | estions for Reporting   |  |   |  |
| 16. What kind of debts do<br>you have?   | 16a. Are your debts "incurred by an No. Go to I Yes. Go to 16b. Are your debts money for a bu No. Go to I Yes. Go to  | s primarily consumer debindividual primarily for a pine 16b. line 17. s primarily business debts siness or investment or thine 16c. line 17. | ts? Consumer debts are definersonal, family, or household?  Business debts are debts through the operation of the buse ot consumer debts or business. | purpose."  at you incurred to obtain siness or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to | Yes. I am filing und expenses are   | under Chapter 7. Go to line<br>der Chapter 7. Do you estima<br>e paid that funds will be availa  | te that after any exempt property<br>able to distribute to unsecured cr   | y is excluded and administrative<br>editors?   |
| unsecured creditors?   |   |  |   |  |
| 18. How many creditors do you estimate that you owe?   | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 5,001  | -5,000<br>-10,000<br>1-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?  | \$0-\$50,000<br>\$50,001-\$100,0<br>\$100,001-\$500,<br>\$500,001-\$1 mi  | 00   | 0,001-\$10 million<br>00,001-\$50 million<br>00,001-\$100 million<br>000,001-\$500 million  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion   |
| 20. How much do you estimate your liabilities to be?   |   | 00   | 0,001-\$10 million [<br>00,001-\$50 million [<br>00,001-\$100 million [<br>,000,001-\$500 million [   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion   |
| Part 7: Sign Below   | I have examined this  | notition and I dealers und   | or populty of porium, that the  | nformation provided in two end   |
| For you  | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |   |  |
|  |   |  | of title 11, United States Code   |  |
| I understand making a connection with a ban  |   | a false statement, conceal   | ing property, or obtaining mo<br>n fines up to \$250,000, or imp  | Confidence control of the control of |
|  | /s/ Dontae Rea  |  | Signature of Debt   | or 2   |
|  | Executed on _   | 8/14/2018<br>MM / DD / YYYY  | Executed on _   | MM / DD / YYYY   |

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|                           | v.  |                          |                               |  |
|---------------------------|---|--------------------------|-------------------------------|--|
| Fill in this infor        | mation to identify your ca                            | ise:                     |                               |  |
| Debtor 1                  | Dontae  | т.                       | Reavley                       |  |
|                           | First Name  | Middle Name              | Last Name                     |  |
| Debtor 2                  |   |                          |                               |  |
| (Spouse, if filing)       | First Name  | Middle Name              | Last Name                     |  |
| United States E           | Bankruptcy Court for the:                             | Northern                 | District of Illinois          |  |
| 0                         |   |                          | (State)                       | _  |
| Case number<br>(If known) |   |                          |                               |  |
|                           |   |                          |                               | Check if this is an  |
| Official                  | Form 106De  | С                        |                               | amended filing   |
|                           |   | <del>_</del>             |                               |  |
| Declarat                  | ion About an I  | ndividual Deb            | tor's Schedules               | 12/15  |
| If two married            | people are filing togethe                             | r, both are equally resp | onsible for supplying correc  | et information.  |
|                           |   |                          |                               |  |
| You must file t           | nis form whenever you fil                             | e bankruptcy schedules   | s or amended schedules. M     | aking a false statement, concealing property, or obtaining<br>\$250,000, or imprisonment for up to 20 years, or both. 18 |
|                           | 1341, 1519, and 3571.                                 | on with a bankruptcy ca  | ise can result in lines up to | \$250,000, or imprisonment for up to 20 years, or both. 18   |
|                           | - 5 10 11 10 8 10 10 10 10 10 10 10 10 10 10 10 10 10 |                          |                               |  |
| Part 1: Sign              | Below   |                          |                               |  |
|                           |   |                          |                               |  |
| Did you p                 | ay or agree to pay some                               | one who is NOT an attor  | ney to help you fill out ban  | kruptcy forms?   |
| √ No                      |   |                          |                               |  |
| ш                         |   |                          |                               |  |
| Yes.                      | Name of person  |                          |                               | Petition Preparer's Notice, Declaration, and   |
|                           |   |                          | Signature (Official F         | om 119).   |
|                           |   |                          |                               |  |
|                           |   |                          |                               |  |
|                           |   |                          |                               |  |
|                           |   |                          |                               |  |
|                           | nalty of perjury, I declare<br>are true and correct.  | that I have read the su  | mmary and schedules filed     | with this declaration and  |
| • •                       |   |                          | / 40                          |  |
|                           | ae Reavley Joula                                      | e Rearly                 | *                             |  |
| Signature                 | of Debtor 1   | //                       | Signatur                      | e of Debtor 2  |

MM/DD/YYYY

Date 8/14/2018 MM/DD/YYYY

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| Debto | or 1 Dontae First Name                           | T.<br>Middle Name            | Reavley  Last Name          | Case number (It known)  |
|-------|--|------------------------------|-----------------------------|---|
|       | riist Name                                       | Middle Name                  | Last Name                   |   |
| 28.   | creditors, or other part                         | ties.                        | ou give a financial state   | ment to anyone about your business? Include all financial institutions,   |
|       | Yes. Fill in the deta                            | ilis delow.                  |                             |   |
|       |  |                              | Date issued                 |   |
|       |  |                              | _                           | _   |
|       | Name   |                              | MM/DD/YYYY                  |   |
|       | Number Street                                    |                              | _                           |   |
|       | Number Street                                    |                              |                             |   |
|       | City   | State Zip Code               | <del></del> ,               |   |
|       |  | State Zip Code               |                             |   |
| Part  | 12: Sign Below                                   |                              |                             |   |
| tr    | ue and correct. I under<br>bankruptcy case can r | stand that making a false st | atement, concealing pro     | nments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|       |  | re of Debtor 1               | , acoup                     | Signature of Debtor 2   |
|       |  |                              | •                           | Date  |
|       | Date 8/  | 14/2018                      |                             |   |
| Di    | id vou attach additiona                          | I nages to Your Statement o  | f Financial Affairs for Ind | ividuals Filing for Bankruptcy (Official Form 107)?   |
|       |  | pages to Your Statement o    | Timanolal Alland for ma     | widdais i mig for bankruptcy (ometar i om 107):   |
| Ŀ     | No   |                              |                             |   |
|       | Yes  |                              |                             |   |
| Di    | id you pay or agree to p                         | pay someone who is not an a  | ttorney to help you fill o  | ut bankruptcy forms?  |
| I.    | 7 No   |                              |                             |   |
|       | Yes. Name of person                              |                              |                             | Attach the Bankruptcy Petition Preparer's Notice,   |
| L     |  |                              |                             | Declaration, and Signature (Official Form 119).   |

Case 18-22947 Doc 1 Filed 08/14/18 Entered 08/14/18 16:20:26 Desc Main Document Page 76 of 77

### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Reavley, Dontae T.  Debtor(s) | Case No  |
|-----------------|-------------------------------|--|
|                 |                               | Chapter. Chapter13   |
|                 | VERIFICATION                  | ON OF CREDITOR MATRIX  |
| Tr<br>knowledge |                               | he attached list of creditors is true and correct to the best of their |
| Date:           | 8/14/2018                     | /s/ Reavley, Dontae T. Dontae Reavley, Dontae T. Signature of Debtor   |
|                 |                               |  |

# Case 18-22947 Doc 1 Filed 08/14/18 Entered 08/14/18 16:20:26 Desc Main Document Page 77 of 77

| 16. Calculate the median family income that applies to you. Follow these steps:  16a. Fill in the state in which you live.  16b. Fill in the number of people in your household.  1êc. Fill in the median family income for your state and size of household using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  17 How do the lines compare?  17a. ✓ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable Income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.  Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)  18. Copy your total average monthly income from line 11.  19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.  19a. If the marital adjustment does not apply, fill in 0 on line 19a.  20b. Calculate your current monthly income for the year. Follow these steps:  20a. Copy line 19b.  Multiply by 12 (the number of months in a year).  20b. The result is your current monthly income for the year for this part of the form.  20c. Copy the median family income for your state and size of household from line 16c.  21. How do the lines compare?  Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. | \$431.60            |
|--|---------------------|
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| 21. How do the lines compare?  Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The  | \$5,179.20          |
| Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The   | \$52,410.00         |
| Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.   | 2                   |
|  |                     |
| Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4.   |                     |
| Part 4: Sign Below   |                     |
|  |                     |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.   |                     |
| Signature of Debtor 1  Signature of Debtor 2   |                     |
| Signature of Debtor 1 Signature of Debtor 2  |                     |
| Date 8/14/2018   |                     |
| MM/DD/YYYY   |                     |
| If you checked 17a, do NOT fill out or file Form 122C-2.  If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line above.  | no 1 <i>4</i>       |